

Case Number:	CM13-0014600		
Date Assigned:	10/08/2013	Date of Injury:	01/20/2011
Decision Date:	01/22/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation; Sports Medicine and is licensed to practice in New York and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62-year-old male with a reported date of injury on 09/03/2010. The patient presented with increased right knee pain, ankle pain, lower extremity varicosities with pain on palpation and frequent episodes of burning sensation, tenderness over the paracervical and sternocleidomastoid muscles bilaterally, spasm in the cervical spine, tenderness over the paraspinal muscles from T1 to T8 bilaterally, tenderness over the paralumbar muscles bilaterally, tenderness over the bicipital groove and rotator cuff of the left shoulder, minimal trigger points at the upper trapezius of the left shoulder upon palpation, tenderness over the bilateral wrist, tenderness upon palpation over the palm and dorsum aspect of all of the metacarpophalangeal and interphalangeal joints of the bilateral hands, tenderness over the entire joint of the bilateral knees, and slight/moderate edema over the lateral malleolus and inferior to the lateral malleolus of the right ankle. The patient had diagnoses including sprain/strain of the cervical spine, multilevel cervical disc bulge, cervical spine spondylosis, sprain/strain of the thoracic spine, thoracic spine spondylosis, sprain/strain of the lumbar spine, L3-4, L5-S1 disc bulge, lower extremity radiculopathy, lumbar spondylosis with degenerative disc disease, contusion of the coccyx, contusion/sprain of the shoulder, degenerative joint disease of the left shoulder, bicipital tenosynovitis left, tendonitis elbow left, degenerative joint disease of the bilateral wrists, carpal tunnel syndrome bilaterally, dorsal ganglion cyst of the right wrist, contusion/sprain of the left knee, medial meniscal tear of the left knee, right knee pain, medial meniscal tear of the right knee, degenerative joint disease of the right knee, headaches secondary to stress and tension, depression, insomnia, history of incontinence, sprain of the left ankle with tendonitis, peroneus longus tendon, sprain of the left foot, varicose veins bilateral lower extrem

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Consultation with GI Specialist QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition, 2004, Chapter 7, page 127 and Independent Medical E

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Office visits.

Decision rationale: The California MTUS guidelines and ACOEM do not address gastroenterologist consultation. The Official Disability Guidelines note, evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the provided documentation, it was noted the physician recommended the patient see a GI specialist regarding gastritis secondary to pain medications; however, within the provided documentation, the provider's previous courses of treatment within their scope of practice was unclear. The requesting physician did not provide adequate documentation of the severity of the patient's signs and symptoms related to gastritis. Therefore, the request for a consultation with a GI specialist is neither medically necessary nor appropriate.

Interferential Unit QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 118-120.

Decision rationale: The California MTUS guidelines note interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The guidelines note it is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: pain is ineffectively controlled due to diminished effectiveness of

medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Per the provided documentation, it appeared the patient had been utilizing an interferential unit; however, it was unclear if the patient was utilizing a rented unit for a home-based trial or if the unit had already been purchased for the patient. Additionally, within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the interferential unit. Therefore, the request for an interferential unit is neither medically necessary nor appropriate.

Paraffin Bath Unit QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 9th Edition, Forearm, Wrist & Hand (Acute & Chronic), updated 5/8/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist & hand, Paraffin wax bath.

Decision rationale: The California MTUS guidelines note passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The Official Disability Guidelines not paraffin baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. The requesting physician did not include an adequate and full assessment of the patient's objective functional condition of the bilateral hands in order to demonstrate deficits needing to be addressed with the treatments. Additionally, within the provided documentation, it was unclear if the patient would be utilizing the paraffin bath in conjunction with active treatment modalities. Therefore, the request for paraffin bath is neither medically necessary nor appropriate.