MAXIMUS Federal Services

Case Number:	CM13-0018991		
Date Assigned:	10/11/2013	Date of Injury:	08/19/2010
Decision Date:	05/06/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in 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 expert 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 injured worker is a 60-year-old male who reported an injury on 08/19/2010. The mechanism of injury was not provided. Current diagnoses include osteoarthritis of multiple sites, acquired trigger finger, encounter for therapeutic drug monitoring, hypertension, chondromalacia patella, lumbar spondylosis, lumbar disc disorder, closed Colles' fracture, and closed patella fracture. The injured worker was evaluated on 08/06/2013. The injured worker reported persistent pain at the SI joint as well as bilateral lower extremities and bilateral wrists. Objective findings included paravertebral muscle spasm, tenderness, hypertonicity, positive straight leg raising, positive Fabere's testing, and normal deep tendon reflexes. Treatment recommendations included 12 sessions of physical therapy, 6 sessions of acupuncture treatment, a CPAP machine, a referral to a neurologist, an epidural steroid injection and multiple diagnostic laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS WITH PARRAFIN BATH TREATMENT TO WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. As such, the request is non-certified.

ACUPUNCTURE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO BACK, LEGS, THIGHS, AND HIP AREAS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture therapy exceeds guideline recommendations. As such, the request is non-certified.

CPAP MACHINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.NLM.NIH.GOV. U.S. NATIONAL LIBRARY OF MEDICINE. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH. UPDATED: 26 FEBRUARY 2014.

Decision rationale: CPAP is a treatment that delivers slightly pressurized air during the breathing cycle, which keeps the windpipe open during sleep and prevents episodes of blocked breathing in patients with obstructive sleep apnea and other breathing problems. There is no evidence of obstructive sleep apnea or breathing problems. There is also no documentation of a sleep study indicating obstructive sleep apnea. Therefore, the medical necessity has not been established. Based on the clinical information received, the request is non-certified.

NEUROLOGIST CONSULTATION WITHIN MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. It is note that the referral to a neurologist was requested for intention tremor. However, there was no evidence of tremor upon physical examination. The medical necessity for the requested referral has not been established. As such, the request is non-certified.

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Guidelines, Treatment of Obesity, Aetna,Clinical Policy Bullentin: Weight Reduction Medications and Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: California MTUS Guideline state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self-management is the long-term goal of all forms of functional restoration. As per the documentation submitted, there is no indication that his injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The medical necessity has not been established. As such, the request is non-certified.

ESI UNDER FLUORSCOPIC GUIDANCE FOR L5 ON THE RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There is no documentation of a recent unresponsiveness to conservative treatment. Based on the aforementioned points, the current request is non-certified.

LAB, URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the date of injury was greater than 3 years ago, and there is no indication of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

LAB, ALBUMIN ALKALINE PHOSPHATASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.LABTESTSONLINE.COM, LAB TESTS ONLINE, HON CODE STANDARD FOR TRUSTWORTHY HEALTH INFORMATION. ï¿½2001 - 2014 BY AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY, LAST MODIFIED ON JANUARY 6, 2014.

Decision rationale: An ALP test may be ordered as part of routine laboratory testing, often with a group of other tests called a liver panel. The signs and symptoms of liver involvement include weakness, fatigue, loss of appetite, nausea and vomiting, abdominal swelling, jaundice, dark urine, or itching. The injured worker does not demonstrate any of the abovementioned signs or symptoms suggestive of a liver abnormality. The medical necessity for the requested service has not been established. As such, the request is non-certified.

LAB, CALCIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.LABTESTSONLINE.COM, LAB TESTS ONLINE, HON CODE STANDARD FOR TRUSTWORTHY HEALTH INFORMATION. ï¿½2001 - 2014 BY AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY, LAST MODIFIED ON JANUARY 6, 2014.

Decision rationale: A blood calcium test is often ordered when a patient undergoes a general medical examination. There is no documentation of signs or symptoms suggesting a calcium deficiency. The medical necessity for the requested laboratory testing has not been established. As such, the request is non-certified.

LAB, C-REACTIVE PROTEIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation EVIDENCE:WWW.LABTESTSONLINE.COM, LAB TESTS ONLINE, HON CODE STANDARD FOR TRUSTWORTHY HEALTH INFORMATION. ï¿½2001 - 2014 BY AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY, LAST MODIFIED ON JANUARY 6, 2014.

Decision rationale: C-reactive protein is a nonspecific request which is used to detect inflammation if there is a high suspicion of tissue injury or infection. The medical necessity for the requested laboratory testing has not been established. There is no indication of a high suspicion for tissue injury or infection. Therefore, the request is non-certified.

LAB, PSA TOTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.LABTESTSONLINE.COM, LAB TESTS ONLINE, HON CODE STANDARD FOR TRUSTWORTHY HEALTH INFORMATION. ï¿½2001 - 2014 BY AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY, LAST MODIFIED ON JANUARY 6, 2014.

Decision rationale: The total PSA test may be used to screen both asymptomatic and symptomatic men for prostate cancer. As per the documentation submitted, the injured worker does not demonstrate any signs or symptoms suggestive of prostate abnormality. The medical necessity for the requested laboratory testing has not been established. As such, the request is non-certified.