

<b>Case Number:</b>	CM13-0025640		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 61 year-old patient sustained an injury on 6/7/13 from falling out of a backless chair while employed by [REDACTED]. Request(s) under consideration include Physical Medicine & Rehab Consult. Diagnoses include Hand strain, Shoulder strain, elbow/forearm sprain, Left foot sprain, and Lumbar sprain/strain. Report of 7/26/13 noted no improvement in the shoulder, hand, or back with reported bilateral hand numbness/tingling of the 3rd and 4th digits; back pain rated at 8/10 with radiating into the legs; mild tenderness at right hand and right lateral epicondyle, with diminished sensation in the little finger. Medications list ibuprofen and nortriptyline. Treatment included splinting and occupational therapy. It was noted no documented prior therapy or what benefit if any were derived from conservative care to support for PM&R consult and EMG/NCS of bilateral upper extremities. Report of 9/25/13 from the provider noted the patient with continued neck and shoulder pain radiating to upper extremities; mid/lower back pain radiating to both legs rated at 8/10. Medications list Motrin. Exam showed normal gait; mid/lower back with flex/ext 60/20 degrees; tenderness to bilateral lumbar paraspinals; negative SLR; normal DTRs with normal sensation and 5/5 motor strength; shoulders with positive supraspinatus test; normal sensation and 5/5 shoulder strength with abd/flex/ext 120/150/30 degrees; negative Hawkin's impingement test and negative arc testing; Foot with mild tenderness; normal range and strength. Diagnoses were unchanged with noted assessment of lumbar strain with no neurological deficit to continue with PT; right shoulder strain with improved function; and right elbow lateral epicondylitis- mild on exam. Treatment plan included chiropractic care, Ibuprofen and Lyrica, Ice, splint and modified work. Request(s) for Physical Medicine & Rehab Consult was non-certified on 8/26/13 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PHYSICAL MEDICINE & REHAB CONSULT:** 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 Integrated Treatment/Disability Duration Guidelines-Forearm, Wrist & Hand(Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This 61 year-old patient sustained an injury on 6/7/13 from falling out of a backless chair while employed by [REDACTED]. Request(s) under consideration include Physical Medicine & Rehab Consult. Diagnoses include Hand strain, Shoulder strain, elbow/forearm sprain, Left foot sprain, and Lumbar sprain/strain. Report of 7/26/13 noted no improvement in the shoulder, hand, or back with reported bilateral hand numbness/tingling of the 3rd and 4th digits; back pain rated at 8/10 with radiating into the legs; mild tenderness at right hand and right lateral epicondyle, with diminished sensation in the little finger. Medications list ibuprofen and nortriptyline. Treatment included splinting and occupational therapy. It was noted no documented prior therapy or what benefit if any were derived from conservative care to support for PM&R consult and EMG/NCS of bilateral upper extremities. Report of 9/25/13 from the provider noted the patient with continued neck and shoulder pain radiating to upper extremities; mid/lower back pain radiating to both legs rated at 8/10. Medications list Motrin. Exam showed normal gait; mid/lower back with flex/ext 60/20 degrees; tenderness to bilateral lumbar paraspinals; negative SLR; normal DTRs with normal sensation and 5/5 motor strength; shoulders with positive supraspinatus test; normal sensation and 5/5 shoulder strength with abd/flex/ext 120/150/30 degrees; negative Hawkin's impingement test and negative arc testing; Foot with mild tenderness; normal range and strength. Diagnoses were unchanged with noted assessment of lumbar strain with no neurological deficit to continue with PT; right shoulder strain with improved function; and right elbow lateral epicondylitis- mild on exam. Treatment plan included chiropractic care, Ibuprofen and Lyrica, Ice, splint and modified work. Request(s) for Physical Medicine & Rehab Consult was non-certified on 8/26/13 citing guidelines criteria and lack of medical necessity. Submitted reports have not adequately demonstrated any complex symptoms or remarkable clinical findings consistent necessitating a PMR consultation for this uncomplicated injury. The Guidelines state an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; however, that has not been shown here as clinical exam indicate intact range without neurological deficits or any defining significant clinical findings correlating to acute red-flag conditions. Per the provider, the symptoms have improved with conservative treatment of mild conditions. The Physical Medicine & Rehab Consult is not medically necessary and appropriate.