

Case Number:	CM13-0027070		
Date Assigned:	11/22/2013	Date of Injury:	11/27/2012
Decision Date:	02/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/20/2013

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, 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 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.

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 63-year-old who reported an injury on 11/27/2012 after falling down approximately 6 to 7 stairs that resulted in a loss of consciousness. The patient developed chronic upper back, elbow, wrist and hand, and right ankle and foot pain. The patient did undergo a psychiatric evaluation that revealed symptoms of anxiety and depression. The patient's most recent evaluation documented that the patient was sleeping in excess of 10 hours per night and napping 1 to 2 hours per day. Objective findings included decreased range of motion of the thoracic spine, decreased range of motion of the left elbow with a positive Cozen's sign, decreased range of motion of the bilateral wrists with a positive Phalen's sign, and palpable tenderness of the right ankle with a positive inversion pain along the deltoid ligament. The patient's diagnoses included post concussion syndrome, cervical musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain, and multiple body contusions. The patient's treatment plan included additional physical therapy, trigger point injections, a sleep study, and an urine toxicology to evaluate the patient's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice per week for eight weeks, for the bilateral upper extremities and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient previously underwent physical therapy. The clinical documentation does not specifically identify any functional benefit as a result of the previous therapy. The California Medical Treatment and Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain benefits obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in a home exercise program. Therefore, additional physical therapy would not be indicated. The request for physical therapy, twice per week for eight weeks, for the bilateral upper extremities and right ankle, is not medically necessary or appropriate.

sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ploysomnography Section.

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

Decision rationale: The Official Disability Guidelines recommends polysomnography for a combination of indications to include excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, and insomnia complaints. The clinical documentation submitted for review does indicate that the patient has excessive daytime somnolence. However, there are no other indications identified within the documentation to support the need for polysomnography. Additionally, although the patient has undergone a psychiatric evaluation, psychiatric etiology of the patient's excessive fatigue was not excluded. The request for a sleep study is not medically necessary or appropriate.

trigger point injection of the right ankle: 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 Trigger Point Injections Page(s): 122.

Decision rationale: The California Medical Treatment and Utilization Schedule recommends trigger point injections when palpable trigger points are identified with a twitch response during examination. The clinical documentation submitted for review does provide evidence that the patient has pain with range of motion of the right ankle. However, there was no palpable spasming or specific trigger points identified that would response to trigger point injections. The request for a trigger point injection of the right ankle is not medically necessary or appropriate.

urine toxicology: 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 Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment and Utilization Schedule recommends the ongoing monitoring for aberrant behavior of patients who are on medications with addictive properties. Drug testing is also recommended when the patient is suspected of using illicit street drugs. The clinical documentation submitted for review does not provide any evidence that the patient is suspected of using illicit street drugs. Additionally, there is no medication history in the recent documentation that supports the need for monitoring for aberrant behavior. The request for a urine toxicology is not medically necessary or appropriate.