MAXIMUS Federal Services

Case Number:	CM13-0035523		
Date Assigned:	12/27/2013	Date of Injury:	02/20/2013
Decision Date:	02/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine 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. 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 applicant has filed a claim for tenosynovitis of the radial styloid reportedly associated with an industrial injury of February 20, 2013. Thus far, the applicant has been treated with the following: analgesic medications; at least 12 sessions of physical therapy, per the claims administrator; reportedly normal electrodiagnostic testing of February 19, 2013; transfer of care to and from various providers in various specialties; wrist braces; work restrictions; and physical therapy. On September 13, 2013, the applicant presented with issues related to throbbing upper extremity pain and tinnitus. Diminished upper extremity grip strength was appreciated. It is stated that the applicant had diagnoses of carpal tunnel syndrome, lateral epicondylitis, de Quervain's tenosynovitis, and tinnitus. The applicant was asked to obtain omeprazole, Norco, Relafen, wrist splints, and an ENT consultation. He was returned to modified duty work. On October 11, 2013, the applicant was again given a diagnosis of tinnitus and asked to follow up with a private otolaryngologist for the same. It is stated that the applicant should continue working modified duty. On November 22, 2013, it was reiterated that the applicant should continue conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an Otolaryngologist (ENT): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the presence of a persistent complaint should lead a primary treating provider (PTP) to reconsider the operating diagnosis and decide whether a specialist evaluation is necessary. In this case, the applicant was described as having ongoing issues with tinnitus on several office visits, referenced above, throughout late 2013. Obtaining the added expertise of a physician specializing in the same was indicated and appropriate. Therefore, the requested referral to an ENT is medically necessary and appropriate.

Additional physical therapy (2 times per week for 3 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 8, 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a general course of 9-10 sessions of treatment is endorsed for myalgias and/or myositis of various body parts in the chronic pain phase of an injury. While the applicant may have had earlier treatment, earlier in the course of the claim, he did not appear to have had any subsequent treatment during the chronic pain phase of the claim. The applicant was seemingly making appropriate strides with conservative treatment. His hand surgeon apparently suggested that he continue to pursue non-operative treatment. The Chronic Pain Medical Treatment Guidelines also note that there must be demonstration of functional improvement at various milestones in the functional restoration program so as to justify continued treatment. In this case, the applicant's successful return to work and diminished pain complaints does imply the presence of functional improvement as defined by the parameters of the MTUS. Continuing physical therapy is therefore indicated and appropriate. Accordingly, the requested additional physical therapy is medically necessary and appropriate.