

Case Number:	CM13-0037796		
Date Assigned:	12/18/2013	Date of Injury:	02/16/2012
Decision Date:	07/25/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/24/2013

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 Alabama. 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 patient is a 31-year-old male who was injured on May 15, 2012. He sustained an injury when he went to sit down in a chair but missed the chair and fell to the ground. He felt immediate sting into the upper extremities. There are no diagnostic studies for review. On progress note dated January 13, 2014, the patient was noted to waiting for an authorization to received an EMG (electromyogram) study. On exam, he was noted to have tenderness of bilateral hands. He was tender at the AC joint of bilateral shoulders with decreased range of motion. He was diagnosed with bilateral carpal tunnel syndrome and shoulder impingement. It was recommended he receive ECSI (epidural cervical steroid injection) to bilateral shoulders. Doctor's first report dated September 9, 2013 states the patient had complaints of bilateral shoulder pain, right greater than left with associated numbness and tingling. He also has pain in bilateral wrists and hands with radiating pain into the forearms. Objective findings on exam revealed AC joints with lumps. There is tenderness noted over the anterior shoulder capsule bilaterally. There is crepitus, pain, and limited range of motion. Pain on internal external rotation of the shoulders. He has bilaterally positive Tinel's, full wrist mobility and a mildly positive deQuervain's and some sensory differential between the medial and ulnar side of the hand. Diagnoses are bilateral wrist tenosynovitis and carpal tunnel syndrome, bilateral shoulder acromioclavicular arthros and tendinitis. The treatment that was rendered included bilateral wrist braces and eight sessions of physical therapy. Prior utilization review dated Shockwave Therapy, three visits, for the Bilateral Shoulders is not authorized as there is no evidence of calcifying tendinitis in the shoulders to warrant this request; therefore, medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six follow up visits with a psychologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation al Disability Guidelines (ODG), Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Online edition current as of 7/2014.

Decision rationale: The UR appeal note from September 10, 2013 reports that the patient suffered a knee injury on December 7, 2007 and had three arthroscopic surgeries of the left knee and finally TKR 2011; she has tried pain medication; she had a work injury February 16, 2012 causing LBP, MRI showing L4/5 protrusion, and underwent epidural injections December 11, 2012; she has persistent LBP along with symptoms of anxiety and depression despite comprehensive functional restoration program and undergoing CBT as well as NCFRP with 65% reduction in symptoms of anxiety and depression and improvement in mood and coping skills; risk of psychological decompensation without continued treatment with likelihood that she will benefit from psychosocial intervention; belief that the patient will benefit from stepped-care approach to pain management per ODG guidelines. As per ODG guidelines above, patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Per the appeal note above, it appears appropriate for the patient to be seen for 6 follow up visits with the psychologist. Therefore, the request for six follow-up visits with a psychologist is medically necessary and appropriate.