

Case Number:	CM13-0048347		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2013
Decision Date:	05/23/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/05/2013

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 Minnesota. 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 36-year-old female who reported an injury on 5/7/13. The mechanism of injury involved repetitive work activity. The current diagnoses include cervical spine musculoligamentous injury, lumbar spine sprain, right elbow lateral epicondylitis, right elbow forearm strain, patellar tendinitis of bilateral knees, stress anxiety with depression, sleep disturbance, and psychological complaints. The injured worker was evaluated on 9/25/13. She has participated in six sessions of physical therapy to date. The injured worker reported persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation with spasm in the cervical spine, limited cervical range of motion, lateral tenderness in the right elbow, dorsal capsular tenderness and radial tenderness in the right wrist, tenderness to palpation of the lumbar spine with muscle spasm, tenderness of the gluteal/sciatic notch bilaterally, medial and lateral joint line tenderness of bilateral knees, 4/5 strength on the right quadriceps, and 2+ deep tendon reflexes bilaterally. Treatment recommendations at that time included physical therapy, acupuncture, a psychological evaluation, x-ray of the pelvis and coccyx, a functional capacity evaluation, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM guidelines state that 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. The specific type of psych treatment to be obtained was not provided in the request. Therefore, the current request is not medically necessary.

CONSULTATION AND 12 SESSIONS OF CHIROPRACTIC CARE FOR THE NECK AND BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the spine is recommended by way of a therapeutic trial of six visits over two weeks. Therefore, the current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. As such, the request is not medically necessary.

BASELINE COMPLETE FUNCTIONAL IMPROVEMENT WITH FUNCTIONAL LIFT (NIOSH) TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM guidelines state that a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guidelines state that a functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. There is no documentation of any previous unsuccessful return to work attempts. There is also no indication that this injured worker is close to or at maximum medical improvement. Based on the clinical information received, the request is not medically necessary.

P&S COMPLETE FUNCTIONAL IMPROVEMENT MEASUREMENT WITH FUNCTIONAL LIFT (NIOSH) TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM guidelines state that a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guidelines state that a functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. There is no documentation of any previous unsuccessful return to work attempts. There is also no indication that this injured worker is close to or at maximum medical improvement. Based on the clinical information received, the request is not medically necessary.

COMPLETE FUNCTIONAL IMPROVEMENT MEASUREMENT AND FUNCTIONAL LIFT (NIOSH) TESTING EVERY 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM guidelines state that a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guidelines state that a functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. There is no documentation of any previous unsuccessful return to work attempts. There is also no indication that this injured worker is close to or at maximum medical improvement. Based on the clinical information received, the request is not medically necessary.

CONSULTATION AND 12 SESSIONS FOR PHYSICAL THERAPY FOR THE RIGHT ELBOW AND KNEE: 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: The 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 alleviating discomfort. The treatment for myalgia and myositis includes 9-10 visits over eight weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. As such, the request is not medically necessary.

PRESCRIPTION FOR NAPROXEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no strength or frequency listed in the current request. As such, the request is not medically necessary.

PRESCRIPTION FOR PANTOPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS guidelines state that proton pump inhibitors (PPIs) are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a PPI such as Pantoprazole. There is no strength or frequency listed in the current request for this medication. As such, the request is not medically necessary.

PRESCRIPTION OF CREAMS/OINTMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is

a nonspecific request that does not include the type of medication, strength, or frequency. As such, the request is not medically necessary.

ACUPUNCTURE THERAPY TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement is 3-6 treatments. However, there is no specific body part, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary.