

Case Number:	CM13-0053185		
Date Assigned:	01/15/2014	Date of Injury:	07/10/2011
Decision Date:	08/15/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 61 year-old male who has filed a claim for thoracic spine strain and right forearm/wrist/hand surgery associated with an industrial injury date of July 10, 2011. Review of progress notes reports that patient is feeling worse overall. There is pain of the upper back and right forearm; and numbness and tingling of the right wrist, hand, and forearm. The neck pain radiates to the right wrist, and the right hand pain radiates into the right forearm. Findings include limited range of motion of the right wrist and fingers, and tenderness of the right wrist and hand. Treatment to date has included physical therapy, electrical stimulation, shockwave treatment, and right hand surgeries. Utilization review from November 08, 2013 denied the request for physical therapy 6 visits to the right hand as there is no documentation regarding quantity of previous physical therapy sessions, or of response to these; consult with psychiatrist as there is no documentation regarding previous psychiatric treatment and current psychiatric complaints; and consult with pain medicine physician as there is no indication that the patient is a candidate for interventional pain management procedures. Treatment to date has included physical therapy, electrical stimulation, shockwave treatment, and right hand surgeries. Utilization review from November 08, 2013 denied the request for physical therapy 6 visits (1x6) to the right hand as there is no documentation regarding quantity of previous physical therapy sessions, or of response to these; consult with psychiatrist as there is no documentation regarding previous psychiatric treatment and current psychiatric complaints; and consult with pain medicine physician as there is no indication that the patient is a candidate for interventional pain management procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six visits of Physical Therapy, one (1) time a week for six (6) weeks to the Right Hand:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there is no documentation describing previous physical therapy sessions, or of benefits derived. There is insufficient information to support continued physical therapy in this patient. Therefore, the request for six visits physical therapy to the right hand is not medically necessary.

One (1) Consult with Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 391, 398.

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 Practice Guidelines (ACOEM), Chapter 7, Independent Medical Examinations and Consultations, page 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is documentation that the patient has had psychological consult for anxiety, depression, and stress. Patient has been started on medications, but the medications were not specified. Progress notes do not describe the patient's symptoms and limitations due to the psychiatric problems, however. Therefore, the request for consult with psychiatrist is not medically necessary.

One (1) Consult with a Pain Medicine Physician: Upheld

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

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 Practice Guidelines (ACOEM), Chapter 7, Independent Medical Examinations and Consultations, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is documentation that patient has had consultation with pain medicine for chronic pain. However, there is no documentation regarding these consults, and patient does not present with significant changes in pain symptoms to support this request. Therefore, the request for consult with pain management physician is not medically necessary.