

Case Number:	CM13-0054978		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2008
Decision Date:	05/19/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/20/2013

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 Orthopedic Surgery 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 claimant is a 65-year-old gentleman who was injured in a work related accident on January 18, 2008. The medical records provided for review include a progress report of December 9, 2013 that listed the claimant's diagnoses of: bilateral carpal tunnel syndrome; bilateral shoulder impingement with acromioclavicular joint arthrosis; and right middle trigger finger. Treatment at that time included medication management including narcotics and the recommendation was made for a right carpal tunnel release and right middle trigger finger release procedures. Examination findings included sensory change to the right lower extremities but no documentation of further subjective complaints or objective findings. There are also clinical requests for internal medicine and neurology assessment for cognitive evaluation, a psychiatric evaluation, a followup with pain management, an orthopedic surgical followup, six additional sessions of physical therapy to the lumbar spine, shoulders, and hand and an MRI of the head with no indication of a working diagnosis to support the scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE HEAD WITHOUT GADOLINIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2013 Updates: Head Procedure - Mri (Magnetic Resonance Imaging).

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, an MRI of the head cannot be recommended as medically necessary. The medical records provided for review do not contain any clinical findings, subjective complaints, or documentation from recent assessment to determine why an MRI of the head would be obtained. There is no documentation of an acute change in the claimant's condition, clinical history, neurologic status, or clinical presentation that would support the request for an MRI of the head. The specific request in this case would not be supported as medically necessary.

NEUROLOGY COGNITIVE EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, consultation with a neurologist for cognitive evaluation also cannot be supported. In the medical records for review, there is no current clinical or physical finding, subjective complaints or change in the claimant's clinical presentation that would support the acute need of cognitive evaluation with a neurologist. The specific request in this case would not be indicated.

FOLLOW UP WITH NEUROLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California ACOEM Guidelines would also not support neurology follow up as the physical examination, clinical presentation, and subjective complaints do not indicate a current neurologic diagnosis.

FOLLOW UP WITH INTERNAL MEDICINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The California ACOEM Guidelines also would not support follow up with internal medicine physician for the claimant's work related complaints. The medical records provided for review do not identify subjective complaints consistent with the need for internal medicine assessment. The specific request in this case cannot be supported.

FOLLOW UP WITH PSYCHE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The CA ACOEM Guidelines also would not support the role of psychiatric follow up. The claimant's clinical presentation, subjective complaints and current clinical picture do not provide an acute psychiatric diagnosis or indication of prior psychiatric treatment that would indicate the need for follow up. The specific request in this case would not be supported.

FOLLOW UP WITH PAIN MEDICINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The CA ACOEM Guidelines also would not support the role of pain medicine follow up. The claimant's current clinical picture is consistent with findings of carpal tunnel syndrome and a trigger finger. These diagnoses do not support the need for a pain management consultation given the claimant's chronic complaints and current clinical presentation.

FOLLOW UP WITH ORTHOPEDIC SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines would not support referral to another orthopedic surgeon. The claimant already is under the care of an orthopedic surgeon and has a well established orthopedic relationship based upon the documentation in records available for review. At present there would be no indication for acute referral, given the claimant's current clinical presentation.

PHYSICAL THERAPY 1 TIMES 6 FOR THE LUMBAR SPINE, SHOULDERS, AND HANDS: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not support further physical therapy for the claimant's lumbar spine, shoulders and hands. At present, the claimant's chronic clinical presentation does not identify acute physical findings of the hands, shoulders or lumbar spine that would require treatment with six sessions of physical therapy. In the absent of supporting physical examination findings, it would be unclear as to why transition to a home exercise program would not be appropriate at this chronic stage of treatment.