

<b>Case Number:</b>	CM13-0063429		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 32 year-old with a date of injury of 07/09/13. A progress report associated with the request for services, dated 11/05/13, identified subjective complaints of neck pain and headaches radiating into the right arm. Objective findings included tenderness of both shoulders and wrists. There was decreased sensation on the radial and ulnar sides of the right hand. Also tenderness of the neck with decreased range-of-motion. Diagnoses included cervical spondylosis with osteoarthritis and radiculopathy; and ulnar nerve neuritis. Treatment included recent initiation of physical therapy as well as oral analgesics. The therapy records are not included. A Utilization Review determination was rendered on 12/03/13 recommending non-certification of "Orthopedic hand specialist consultation; Pain management consultation; Physical therapy, 2 times a week for 3 weeks".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Orthopedic Hand Specialist Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM: Consultation, page 127; Official Disability Guideline (ODG) (Forearm, Wrist and Hand Chapter), Evaluation and Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Office Visits.

**Decision rationale:** The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. The original denial of services was based upon lack of documentation that diagnosis and/or management were beyond the scope of the treating physician. The record documents that the patient has ongoing hand symptoms. Based upon the guidelines, consultation is appropriate if in the primary treating physician's judgment.

**The request for Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM: Consultation, page 127; Official Disability Guideline (ODG) (Forearm, Wrist and Hand Chapter), Evaluation and Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Office Visits.

**Decision rationale:** The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. The original denial of services was based upon lack of documentation that diagnosis and/or management were beyond the scope of the treating physician. The record documents that the patient has ongoing pain that is not adequately controlled. Based upon the guidelines, consultation is appropriate if in the primary treating physician's judgment.

**The request for Physical Therapy 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and Restoration of Function Chapter, page 114; Official Disability Guidelines (ODG): Physical Therapy, (Forearm, Wrist and Hand Chapter).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. In this case, the patient had received an unspecified number of physical therapy sessions in October and November and without documentation of results. Six sessions are being requested. However, recommendations are for less than 8-10 sessions with the recommendation for fading of treatment frequency. Likewise, there is limited documentation for the home therapy component of this approach. Therefore, the record does not document the medical necessity for 6 sessions of physical therapy in addition to the unspecified prior physical therapy.