MAXIMUS Federal Services

Case Number:	CM13-0067314		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2010
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 01/07/2011. The mechanism of injury involved a fall. The patient is diagnosed with cervical discopathy with radiculitis, bilateral shoulder impingement syndrome, clinical bilateral carpal tunnel syndrome, De Quervain's/CMC arthrosis, and lumbar discopathy with radiculitis. A request for authorization was submitted on 11/19/2013 for shockwave therapy, aquatic therapy, a psychological evaluation, unspecified pain medication, and an orthopedic evaluation. The latest physician progress report submitted for this review is documented on 03/18/2013 by [redacted]. The patient presented for an orthopedic re-evaluation. The patient reported persistent symptoms in the right shoulder, cervical spine, left shoulder, bilateral wrists, and lumbar spine. The patient reported temporary relief with the current medication regimen. Physical examination revealed paravertebral muscle spasm in the cervical spine, positive axial loading compression testing, generalized weakness and numbness from the bilateral shoulders to the hands, tenderness in the anterior glenohumeral region and subacromial space, positive Hawkins impingement sign, reproducible symptomatology in the median nerve distribution bilaterally, positive palmar compression testing, positive De Quervain's symptoms, tenderness to palpation of the lumbar spine with spasm, positive straight leg raising, and dysesthesia in the L5 and S1 dermatomes. The patient was administered an injection of Toradol and B12. Treatment recommendations included a Mumford procedure to the right shoulder and continuation of current medications. It is also noted that the patient underwent electrodiagnostic study on 01/09/2013 which indicated no evidence of acute cervical or lumbar radiculopathy, no evidence of entrapment neuropathy in the lower extremities, and no evidence of carpal tunnel syndrome or ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Shockwave Therapy L/R Wrists (1x3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Low Back Chapter, Shockwave therapy and Extracorporeal shock wave therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Patients should be advised to complete early range of motion exercises at home. There was no physician progress report submitted on the requesting date of 11/19/2013. The patient's physical examination on 03/18/2013 only revealed positive palmar compression testing and positive De Quervain's symptoms. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

PT Aqua Therapy L/S, R/L Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Manuel therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. As per the documentation submitted, there is no indication that this patient requires reduced weight bearing as opposed to land based physical therapy. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Psychological Evaluation: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. As per the documentation submitted, the patient does not report psychological symptoms.

There was no psychological examination provided for review. The medical necessity for the requested referral has not been established. Therefore, the request is non-certified.

Pain Medication Unspecified: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This request is a nonspecific request and does not list the type of medication, dosage, frequency, or quantity. Therefore, California MTUS Guidelines cannot be applied. As such, the request is non-certified.

Orthopedic Evaluation for Carpal Tunnel Syndrome: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. As per the documentation submitted, the patient's physical examination on 03/18/2013 does demonstrate positive palmar compression testing. However, the patient has previously undergone electrodiagnostic studies, which indicated no evidence of carpal tunnel syndrome. There is no documentation of an exhaustion of conservative treatment prior to the request for an orthopedic evaluation. The medical necessity for the requested referral has not been established. Therefore, the request is non-certified.