MAXIMUS Federal Services

| Case Number: | CM13-0070753 | | |
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| Date Assigned: | 01/08/2014 | Date of Injury: | 07/02/2013 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

## 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, has a subspecialty in Pulmonary Diseases, 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 44-year-old female who reported an injury on 7/2/13 due to repetitive motions. The patient developed chronic pain in the right hand and wrist. Previous treatments have included physical therapy and medications. The patient's most recent clinical evaluation submitted for this review was dated 8/27/13. It was noted that the patient had mild to moderate frequent pain involving her right hand and wrist. Physical findings included diffuse tenderness over the musculature of the forearm, wrist, and upper arm with full range of motion of the elbow and a negative Tinel's and cubital tunnel sign. At that time the patient's treatment plan included electrodiagnostic studies, trial acupuncture. A request was made for Vicodin, additional physical therapy, an MRI of the cervical spine, and an internal medicine consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**60 VICODIN 5/500MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The California MTUS recommends the initiation of opioid therapy after the patient has failed to respond to first-line treatments. The clinical documentation submitted for review does not provide any recent evaluation to support the request. There is no documentation that the patient has failed to respond to first-line treatments to include anticonvulsants or antidepressants. Therefore, the use of Vicodin would not be appropriate for this patient. As such, the requested Vicodin is not medically necessary or appropriate.

**8 SESSIONS OF PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS recommends 8-10 visits of physical therapy for this type of injury. The patient's clinical documentation included evidence that the patient had previously participated in six visits of physical therapy. This in combination with the requested 8 visits would exceed guideline recommendations. There are no exceptional factors noted within the submitted documentation to support extending treatment beyond guideline recommendations. Additionally, the request as it is written does not identify the body part for which the physical therapy should be applied. Therefore, the appropriateness cannot be determined. As such, the requested physical therapy visits are not medically necessary or appropriate.

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM recommends MRIs of the cervical spine when there are physical findings of neurological compromise that have failed to respond to conservative treatments. The clinical documentation submitted for this review did not provide any evidence of an evaluation of the cervical spine that would support neurological deficits requiring an imaging study. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.

**INTERNAL MEDICINE CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer 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 163

**Decision rationale:** The ACOEM recommends specialty consultations when a patient's diagnosis is complex and would benefit from additional expertise for treatment planning. The clinical documentation submitted for review does not provide any recent objective findings to support the need for an internal medicine consultation. As such, the requested internal medicine consultation is not medically necessary or appropriate.