MAXIMUS Federal Services

Case Number:	CM14-0101472		
Date Assigned:	07/30/2014	Date of Injury:	02/22/2005
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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:

According the medical records made available for this review, this is a 39-year-old woman with an injury date of 2/15/05. Per a PR-2 of 6/5/14 there is ongoing pain in the neck, shoulders, both elbows and hands. Pain troubles her on a regular basis. Naproxen has been helping her relieve the pain. She takes it twice a day. She has found relief for her symptoms with therapy. On examination there is no mention of any significant findings in the neck. In the right shoulder's range of motion was near-normal with a weak positive impingement sign and adduction sign. The right elbow had normal range of motion, tenderness over the medial lateral epicondyles. There is a negative Tinel's at the elbow positive at the right wrist positive Phalen's at the right wrist in a positive compression sign. Sensation was intact in the digits. No thenar atrophy or interosseous muscle wasting. Left shoulder showed decreased range of motion with a positive impingement sign and a positive adduction sign. At the elbow there is tenderness over the medial lateral epicondyles tenderness over the left forearm positive Tinel's, Phalen's, and compression sign at the wrist. Diagnoses or surgical brachial syndrome; right shoulder pain-possible early arthritis; flare-up of right and left shoulder tendinitis. Right and left medial and lateral epicondylitis. Bilateral wrist forearm tendinitis. Bilateral carpal tunnel's syndrome status post bilateral releases. History of bilateral knee pain. In the discussion it states that the pain seems to have localized in the shoulders and neck today and that the patient would benefit from Physical Therapy for 8 sessions. She was to continue on Naproxen 550 mg twice a day, breakthrough pain Norco 2.5/325 mg. Follow-up was for 3 months and she was on full duty. The report states patient is not a surgical candidate which would require management of daily pain conditions. The provider is requesting a referral to a Pain Management Specialist for evaluation and treatment, to help her chronic pain conditions. This request is from an Orthopedist. There was a 2/28/14 report from the same provider that was virtually identical including requesting Physical

Therapy. That report did not request pain management. There is a 6/17/14 utilization review determination that did not mention the 6/5/14 PR-2 but mentioned an RFA of 6/6/14 which was not included in the documents provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 X 4 bilateral shoulders, neck.: Upheld

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

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

Decision rationale: Physical Therapy for the Neck and Shoulders was requested on 2/28/14. There is a treatment record/ summary of 2/26/14 for PT says that it was visit 8/8. She was given a home exercise program. The current reports requesting another course of PT makes no mention of the patient's response to the previous physical therapy, does not mention whether or not there is any flare-up of this patient's pain or any exacerbation of her condition that has resulted in decreased function. MTUS Chronic Pain Guidelines support additional PT for exacerbations of chronic pain. There is no current prescription of any recent loss of function from a flare-up of pain and are no specific functional goals of treatment. Therefore, based upon the evidence and the guidelines this request is not considered to be medically necessary.

Pain management consultation and treatment.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Examinations and Consultations page 127.

Decision rationale: This is a chronic injury and all of the submitted documents do not indicate this patient is a surgical candidate. There is also no indication that she would be a candidate for any invasive pain management procedures. The report states that the patient continues to have chronic pain and requires medication, but the medications have not changed in the last several months and the patient is using an NSAID in the low dose opiate for breakthrough. She is doing full duty. Thus there is no issue of complex medication management that should be outside the scope of the current requesting Orthopedist. Therefore, based upon the evidence and the guidelines this request is not considered to be medically necessary.