

Case Number:	CM14-0014415		
Date Assigned:	02/28/2014	Date of Injury:	10/12/1996
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 57-year-old male with date of injury of 10/12/1996. The listed diagnoses per [REDACTED] dated 12/30/2013 are: Cervical spine sprain and strain, Myofascitis, Tendinitis of the right shoulder, bilateral hands, and wrist, Lumbar spine sprain and strain, Right lower extremity radiculopathy, Status post fusion, Left lower extremity reflex sympathetic dystrophy, Tendinitis of the right hip and bilateral knees, Anxiety and distress, Sleep disorder, Internal medicine problems, Neurological issues. And Urological issues. According to this report, the patient complains of low back pain, left leg and foot pain including right knee and right hip pain. The objective finding shows the patient ambulates with a cane and right knee brace. There is tenderness and pain in the cervical spine with limited range of motion. Lumbar spine has a scar. There is weakness in the bilateral hands. There is tenderness to palpation in the bilateral knees. Trochanteric tenderness was also present in the right hip. The utilization review denied the request on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES HAVE THE FOLLOWING REGARDING SLEEP STUDIES

Decision rationale: This patient presents with multiple areas of pain including anxiety and a sleep disorder. The treater is requesting a sleep study. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG on sleep studies recommends this modality after 6 months of an insomnia complaint (at least 4 nights a week), unresponsive to behavioral intervention and sedative/sleeping-promoting medications, and after psychiatric etiology has been excluded. Furthermore, the criteria for polysomnography include: Excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, and insomnia complaint for at least 6 months. The records show that the patient has had sleep issues since 2008. The report dated 07/18/2012 documents, "He is now taking Ambien tablets at bed time because he is unable to sleep longer than 4 to 5 hours." There is no documentation of cataplexy, morning headache, intellectual deterioration, personality changes, etc. Recommendation is for denial.

PHYSICAL THERAPY 2 X 3 UPPER AND LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 474.

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

Decision rationale: This patient presents with multiple areas of pain including anxiety and sleep disorder and one of the diagnosis is lower extremity RSD. The treater is requesting 6 physical therapy sessions for the upper and lower extremities. The MTUS Guidelines page 98 and 99 on physical medicine recommends 24 visits over 16 weeks for a diagnosis of RSD, but 9-10 sessions for myalgia/myositis type of symptoms. Review of the reports do not properly document a diagnosis of RSD. Therapy treatment history would show 12 sessions of therapy from early 2013 with some additional treatment following this. The current request is from 12/30/13. The treater does not explain the patient's exact treatment history or how the patient has done with prior therapy. The treater explains on 11/21/13, "I explained that even though he had some sessions of formal physical therapy, he should try to maintain a home exercise program and regimen to maintain strength and decrease pain over time." The utilization review dated 01/28/2014 denied the request stating that the patient has had extensive physical therapy for his chronic condition and subjective benefits were not noted in the physical therapy. The treater currently asks for additional therapy without explaining what is to be accomplished with additional therapy. There is no documentation of a flare-up, or significant deterioration in the patient's function. There is no explanation as to why the patient is not able to do home exercises and requires formalized therapy. Recommendation is for denial. It would appear that the patient has had adequate therapy thus far.

