

<b>Case Number:</b>	CM14-0156431		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine, and is licensed to practice in Texas and Missouri. 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 injured worker is a 59-year-old who reported an injury on December 30, 2013. The mechanism of injury involved repetitive activity. The current diagnoses include cervical spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, status post right shoulder arthroscopy with distal clavicle resection in April of 2010, bilateral elbow lateral epicondylitis, bilateral wrist tendinitis, bilateral knee patellofemoral arthralgia, status post left knee arthroscopy in May and July of 2014, and complaints of anxiety and depression. The injured worker was evaluated on August 26, 2014. Previous conservative treatment was not mentioned. The physical examination revealed tenderness to palpation with hypertonicity in the paravertebral musculature of the cervical spine, limited cervical range of motion, tenderness to palpation with spasm over the lumbar spine, limited lumbar range of motion, positive Patrick/Faber testing, tenderness to palpation over the right acromioclavicular joint and subacromial region, positive impingement testing, weakness in the right shoulder, positive Tinel's and Cozen's sign in the bilateral elbows, tenderness to palpation over the extensor muscle groups and lateral epicondyles, atrophy of the thenar and hypothenar eminences in the bilateral wrists, tenderness to palpation over the left triangulofibrocartilage complex, positive Tinel's testing bilaterally, generalized swelling over the left knee, tenderness to palpation over the peripatellar regions bilaterally, tenderness to palpation over the left medial and lateral joint line, crepitus bilaterally, positive McMurray's testing on the left, and limited bilateral knee range of motion. The treatment recommendations at that time included a psychiatric evaluation and treatment, an internal medicine evaluation and treatment, and a short course of physical therapy twice per week for 4 weeks. There was no Request for Authorization form submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Psychiatric Evaluation and Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

**Decision rationale:** The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state a 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. Although it is noted that the injured worker reported symptoms of anxiety and depression, there was no psychological examination provided for this review. The current request for a psychiatric evaluation and treatment cannot be determined as medically appropriate. Any treatment following an initial evaluation would require separate review. As such, the request for psychiatric evaluation and treatment is not medically necessary or appropriate.

### **Internal Medicine Consultation and Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

**Decision rationale:** The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state a 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. The medical necessity for an internal medicine consultation has not been established. There is no documentation of a significant medical condition that would require a specialty referral. Additionally, the current request for an evaluation and treatment is not medically appropriate. Any treatment following an initial evaluation would require separate review. As such, the request for internal medicine consultation and treatment is not medically necessary or appropriate.

### **Physical Therapy 2 x 4 (emphasizing Rehab/Strengthening Exercises):** 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), Physical Therapy

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no specific body part listed in the current request. Therefore, the request for physical therapy, twice weekly for four weeks, emphasizing rehabilitation and strengthening exercises, is not medically necessary or appropriate.