

Case Number:	CM14-0030093		
Date Assigned:	06/20/2014	Date of Injury:	07/09/2002
Decision Date:	10/09/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 Psychiatry 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 59-year-old male who has submitted a claim for neck pain, cervical radiculopathy, low back pain, lumbar/thoracic radiculopathy, post laminectomy pain syndrome, chronic pain syndrome, pain in joint, shoulder region, and pain in joint, upper arm associated with an industrial injury date of 07/09/2002. Medical records from 05/08/2013 to 06/12/2014 were reviewed and showed that patient complained of pain graded 8/10 in the cervical and lumbar region, bilateral wrists, bilateral elbows, and bilateral patella. Physical examination of the cervical spine revealed tenderness over cervical paraspinal muscles and limited ROM. Physical examination of the upper extremities revealed restricted left shoulder ROM and tenderness over left elbow otherwise unremarkable. Physical examination of the lumbar spine revealed tenderness over L4-S1 lumbar paraspinal muscles and lumbar facet and decreased lumbar ROM. Physical examination of the lower extremities was unremarkable. An EMG/NCV study of upper extremities dated 01/29/2014 was unremarkable. Of note, there was no documentation of a concurrent psychiatric illness. The patient was referred to bio-behavioral pain management/biofeedback. Treatment to date has included left wrist debridement (2003), right wrist fusion with removal of fusion plate (date unavailable), left elbow release (date unavailable), left elbow surgery (date unavailable), right elbow surgery (date unavailable), left knee arthroscopy (12/14/2011), TE release and joint debridement (02/26/2013), TENS, physical therapy, 6 epidurals, HEP (back), and pain medications. Of note, there was no documentation that the patient is currently participating in a rehabilitation program. There was no documentation of functional outcome concerning physical therapy, epidural injections, and pain medications. Utilization review dated 03/03/2014 modified the request for consultation with a new psychiatrist to one follow-up with current treating psychiatrist because pertinent clinical information was expected to be extracted from the follow-up. Utilization review dated

03/03/2014 denied the request for DME: Bilateral Knee Brace because these has been previously certified. Utilization review dated 03/03/2014 denied the request for ice pack because available medical records did not provide medical basis for ice pack use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult with a new psychiatrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there was no documentation of functional outcome from physical therapy and pain medications to suggest ineffective plan of care. There was no documentation of psychiatric illness as well. The guidelines criteria for psychological consult were not met by the patient. Moreover, the patient was already referred to bio-behavioral pain management/biofeedback. It is unclear as to why another psychiatric referral is needed. Therefore, the request for Psychiatric consult with a new psychiatrist is not medically necessary.

Durable Medical Equipments : bilateral knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the patient complained of bilateral knee pain and was noted to have left knee arthroscopic surgery.

However, the specific type of surgery was not identified. Physical exam findings did not reveal knee instability or ligament insufficiency/deficiency to support the need for knee brace. Moreover, it is unclear if the patient is participating in a rehabilitation program. The guidelines state that knee brace is only recommended in conjunction with a rehabilitation program. Therefore, the request for Durable Medical Equipments: bilateral knee brace is not medically necessary.

Ice pack: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG) Low Back, Cold/Heat Packs

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. At home, local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. In this case, the patient complained of cervical and lumbar region, bilateral wrists, bilateral elbows, and bilateral patella pain. However, physical findings did not reveal signs of acute exacerbation. The guidelines only recommend ice pack application for the first few days of acute complaint. There is no discussion as to why variance from the guidelines is needed. The request likewise failed to specify the quantity of ice pack to be dispensed. Therefore, the request for ice pack is not medically necessary.