MAXIMUS Federal Services

Case Number:	CM14-0037234		
Date Assigned:	06/25/2014	Date of Injury:	08/14/2011
Decision Date:	08/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 and Pain Medicine, has a subspecialty Pain 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:

This is a 62-year-old female who sustained a remote industrial injury on 08/14/11 diagnosed with cervical spine strain, lumbar spine strain, bilateral shoulder impingement syndrome, right carpal tunnel syndrome, bilateral knee internal derangement, and right ankle sprain/strain. Mechanism of injury occurred when the patient slipped and fell on a newly renovated and wet floor, injuring her head, right ankle, and right hip. The request for Chiro 3x4 to neck, right shoulder and right ankle was non-certified at utilization review due to the lack of documentation specifying the number of previous chiropractic treatments completed and any objective functional improvement obtained as a result. The request for Internal medicine consult was also non-certified at utilization review due to the lack of details regarding relevant medical and non-medical issues, diagnosis, causal relationships, prognosis, temporary or permanent impairment, work capability, and treatment options. The most recent progress note provided is a Permanent and Stationary report dated 05/15/14. Patient complains primarily of frequent moderate pain in the neck, low back, bilateral knees, bilateral shoulders, and right ankle. Physical exam findings reveal tenderness over the paravertebral muscle and spasm is present in the cervical spine; sensation is reduced in bilateral median nerve distribution; tenderness over the paravertebral muscle and spasm is present in the lumbar spine; restricted range of motion of the lumbar spine; sensation is reduced in bilateral L5 dermatomal distribution; positive sitting straight leg raise test; the muscle strength at ankle dorsiflexors and extensor hallucis longus muscle is decreased at 4/5; restricted range of motion of bilateral shoulders; positive Impingement sign; sensation is reduced in the right hand; positive Phalen's and Tinel's test for the right wrist; tenderness over the joint lines of the bilateral knees; positive McMurray's test; and tenderness over the anterior talofibular ligament of the right ankle. Current medications are not listed but a progress note, dated

03/31/14, highlights the patient's medications as consisting of: Medrox Ointment, Omeprazole, Carisoprodol, Hydrocodone, and Naproxen. It is noted that the patient has reached maximum medical improvement and has been provided a prescription for physical therapy up to 24 visits per year for the right hand, bilateral shoulders, right knee, cervical spine, and lumbar spine. Provided documents include the Utilization Review, several previous progress reports, and several requests for authorization. One progress report, dated 01/09/14, requests authorization for an evaluation by an internist for the patient's abdominal pain and constipation symptoms. The patient's previous treatments include chiropractic treatment, acupuncture, physical therapy, medications, a TENS unit trial, and injections. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3 x 4 to the neck, right shoulder and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: CA MTUS guidelines recommend a maximum duration of 8 weeks of chiropractic sessions with the option of more sessions with evidence of objective functional benefit. In this case, provided documentation highlights the patient has undergone chiropractic treatment but any quantified benefit or obtained functional improvement that resulted in a better quality of life is not provided. Without this documentation of functional improvement and quantified benefit obtained as a result of prior sessions, Therefore, Chiro 3 X 4 to the Neck, Right Shoulder and Right Ankle is not medically necessary.

Internal medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

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) page 117.

Decision rationale: The request for specialist consultation with internal medicine is compared to ACOEM criteria, which states, The 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, the treating physician documents concerns with abdominal pain and constipation, as well as extremely complex diagnoses. However, it was noted that the patient previously underwent consultation with gastroenterology. This report was not included in the records provided, and it is not clear if the patient underwent any diagnostic workup as a result of this consultation. It is noted,

however, that the patient has returned to utilizing oral medications. There is no clear description of what treatment options have been rendered such as dietary modifications or psychological workup, as the patient is noted to also have extreme anxiety and stress. Therefore, the requested Internal Medicine Consult is not medically necessary.