MAXIMUS Federal Services

Case Number:	CM14-0045139		
Date Assigned:	06/23/2014	Date of Injury:	07/23/2013
Decision Date:	09/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 Internal 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:

The patient is a 52-year-old female who has submitted a claim for Status Post Multiple Gunshot Wound to the Abdomen, Left Chest/Breast, Left Elbow, and Left Quadriceps; Cervical Spine Sprain/Strain with Spondylosis; Thoracolumbar Sprain/Strain; and Residual Left Elbow Soft Tissue Contracture associated with an industrial injury date of July 23, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of a very hard pinching sensation for 15-20 minutes in the left breast, followed by burning sensation for approximately 30 minutes. She also complained of numbness of the left elbow and the ulnar side of the forearm. On physical examination of the left elbow, there was soft tissue contracture with scarring. Range of motion was decreased. There was numbness on the medial side of the elbow to the distal forearm. Lumbar spine examination revealed tenderness. Straight leg raise test was negative but Kemp's test was positive. She had a slow, shuffling gait. Treatment to date has included medications, psychiatric treatment, and an unknown number of physical therapy sessions.Utilization review from March 19, 2014 denied the request for Internal Medicine consultation because the referral was made due to side effects from medications but there was no documentation of simple measures done to counter those effects such as stopping the medications; Neurology consultation because neurologic treatment will not alter the reported symptoms; Physical therapy 3 times a week for 4 weeks to the cervical, thoracic and lumbar spine because there was no objective improvement from previous physical therapy; and Home electrical muscle stimulation unit for muscle spasms because guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine consultation: Upheld

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

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) Chapter 7, page(s) 127, 156.

Decision rationale: According to pages 127 and 156 of the ACOEM Guidelines referenced by California MTUS, consultations are recommended, and a 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 request for internal medicine consultation was made due to gastrointestinal upset secondary to medication use and multiple abdominal traumas. However, it is unclear how consultation with an internal medicine specialist will alter the course of the patient's treatment when the requesting physician can stop or change the patient's medications to stop and prevent further gastrointestinal upset. There seemed to be no uncertainty or extreme complexity in the diagnosis. Therefore, the request for Internal Medicine consultation is not medically necessary.

Neurology consultation: Upheld

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

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) Chapter 7, page(s) 127, 156.

Decision rationale: According to pages 127 and 156 of the ACOEM Guidelines referenced by California MTUS, consultations are recommended, and a 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 request for neurological evaluation was made due to history of head trauma with ongoing headaches and dizziness. Records showed that the patient has been complaining of headaches and dizziness since the date of injury but there has been no record of recent aggravation or worsening of neurologic symptoms. Physical examination findings also failed to reveal neurologic deficits. Therefore, the request for Neurology consultation is not medically necessary.

Physical therapy 3 times a week for 4 weeks to the cervical, thoracic and lumbar spine: Upheld

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

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

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the records showed that the patient already underwent an unknown number of physical therapy sessions. However, there was no documentation of objective evidence of functional benefits. There is no clear indication for continued physical therapy. Therefore, the request for Physical therapy 3 times a week for 4 weeks to the cervical, thoracic and lumbar spine is not medically necessary.

Home electrical muscle stimulation unit for muscle spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES) Page(s): 121.

Decision rationale: According to page 121 of the California MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case, a clear rationale was not provided regarding the use of an NMES despite not being supported by guidelines. There is no clear indication for use of an NMES. Therefore, the request for Home electrical muscle stimulation unit for muscle spasms is not medically necessary.