

Case Number:	CM14-0048747		
Date Assigned:	06/25/2014	Date of Injury:	09/01/2005
Decision Date:	08/14/2014	UR Denial Date:	03/03/2014
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 is licensed to practice in Nevada. 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 64-year-old female who was reportedly injured on 9/1/2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/11/2014, indicated that there were ongoing complaints of neck pain shoulder pain and right knee pain. The physical examination demonstrated right shoulder limited range of motion with pain, positive Hawkins test, positive Neer's test, and positive tenderness to palpation along the acromioclavicular joint and bicep groove. Left shoulder had limited range of motion with pain and positive tenderness to palpation in the AC joint, bicep groove, and trapezius. Right knee had positive tenderness to palpation over the patella. No recent diagnostic studies were available for review. Previous treatment included previous surgeries, physical therapy, medication, and conservative treatment. A request had been made for physical therapy #6, trigger point injection of the right iliolumbar and right gluteal, complete blood count with auto diff: antinuclear antibody titer & pattern: erythrocyte sedimentation rate Westergren: glucose: hemoglobin A1C: lipid panel: potassium: rheumatoid factor: sodium: and thyroid panel and was not certified in the pre-authorization process on 3/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 98-99 of 127 Page(s): 98-99 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of 10 visits. The claimant has multiple chronic complaints, and review of the available medical records failed to demonstrate an improvement in pain or function. With the absence of clinical documentation to support additional visits, the request for Physical Therapy is not considered medically necessary.

1 Trigger Point Injection to the right iliolumbar and right gluteal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Trigger Point Injections, page 122 of 127 Page(s): 122 OF 127.

Decision rationale: Trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. They are not recommended for radicular pain. Trigger point injections with an anesthetic, such as bupivacaine, are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. After reviewing the medical documentation provided, the physical examination findings did not meet the criteria for recommendation of this procedure. Therefore, this request is deemed not medically necessary.

1 request for labwork: CBC with auto diff: ANA titer & pattern: ESR Westergren: glucose: hemoglobin A1C: lipid panel: potassium: rheumatoid factor: sodium: and thyroid panel: 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 ODG Treatment / Integrated Treatment/Disability Duration Guidelines Pain (Chronic) - Acetaminophen (updated 6/10/14) lab work Other Medical Treatment Guideline or Medical Evidence:Department of Rehabilitation Medicine, University of Kansas Medical Center, Kansas City 66160-7306, USA. American Family Physician [2000, 61(6):1779-86, 1789-90].

Decision rationale: Radiographs and laboratory tests are generally unnecessary, except in the few patients in whom a serious cause is suspected based on a comprehensive history and physical examination. Serious causes that need to be considered include infection, malignancy, rheumatological diseases and neurological disorders. After reviewing the medical documentation provided, the injured worker did have chronic pain affecting multiple musculoskeletal body

parts. However, nothing on history or physical examination suggests any of the red flags listed above. Therefore, this request for comprehensive lab work is deemed not medically necessary.