

Case Number:	CM14-0054957		
Date Assigned:	07/07/2014	Date of Injury:	07/10/2011
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 51 year-old male was reportedly injured on 7/10/2011. The mechanism of injury is noted as a crush injury. The most recent progress note dated 5/15/2014, indicates that there are ongoing complaints of right hand/wrist pain, and right upper extremity. The physical examination demonstrated right upper extremity: decreased sensation in the dorsal aspect of the entire right forearm. Ulnar side of the hand has areas of complete anesthesia. No recent diagnostic tests are available for review. Previous treatment includes surgery, physical therapy and medications. A request had been made for physical therapy for the right-hand once weekly time six weeks #6, follow-up with psychiatry, follow-up with pain management, follow-up with urology and was not certified in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Hand Once A Week For Six Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 Page 127. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

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

Decision rationale: California Medical Treatment Utilization Schedule, guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has complaints of the right hand/wrist and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent postoperative physical therapy after a crush injury in 2011, and in the respect to the date of injury as well as the absence of clinical documentation to support additional visits, this request is not considered medically necessary.

Follow Up With Psyche: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 Page 127. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: American College of Occupational and Environmental Medicine guidelines support referral 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. Review of the available medical records, documents the practitioner's inability to visualize the findings upon eye examination, but fails to document any red flags or neurological deficits to warrant consultation. After reviewing the medical records provided it is noted the injured worker does have complaints of emotional stress, sleep problems, appetite problems, concentration problems, anxiety, and depression. He has been evaluated previously by mental health, however there is no documentation of his treatment regimen for this issue, or his response to such treatment. Therefore, lacking any documentation this request is deemed not medically necessary.

Follow Up With Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 Page 127. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg. 127.

Decision rationale: American College of Occupational and Environmental Medicine guidelines support referral 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. Review of the available medical records notes the patient is status post right hand surgery 2011. The current medical records do not indicate that the injured worker has pain that is

not controlled with the current regimen of treatment. Therefore this request is deemed not medically necessary.

Follow Up For Urology: 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 ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg. 127.

Decision rationale: American College of Occupational and Environmental Medicine guidelines support referral 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. Review of the available medical records does note the injured worker had complaints of sexual dysfunction and previous evaluation from an urologist. Most current medical records states the patient denies erection problems, loss of bowel or bladder control. Therefore, after reviewing the medical records a follow-up to neurology is deemed not medically necessary.