

Case Number:	CM14-0064079		
Date Assigned:	07/11/2014	Date of Injury:	01/18/2008
Decision Date:	09/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Maryland, Virginia, and North Carolina. 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 65 year old male with a reported date of injury on 1/18/08 who requested an MRI of the head, multiple specialty follow-up visits and a request for left carpal tunnel release. Progress report dated 6/2/14 notes that the patient is currently undergoing treatment for his right wrist. He no longer needs to see internal medicine because his primary physician is treating these concerns. Physical exam only notes findings relative to the right upper extremity. Recommendations are made for follow-up with psychiatry, pain medicine and orthopedist. Progress report dated 4/9/14 notes complaints of neck, lower back, bilateral shoulder and bilateral hand/wrist pain. Patient is noted to have had a head MRI. The patient has seen pain medicine, psychiatry, internal medicine and orthopedic hand surgery within the last month. The patient is uncertain about seeing neurology in the last month. Examination notes only findings related to the right hand. Requests are made for follow-up consultations with neurology, internal medicine, psychiatry, pain medicine, and an orthopedist. Additional request was made for a new CPAP machine since the current one needs proper cleaning. Documentation from 3/5/14 notes the patient has checked the following symptoms: problems with erections, loss of bladder control and that he is taking new medications. No further specifics are provided. He is noted again to complain of pain of the neck, bilateral shoulders, lower back, and bilateral wrist/hands. He is reported to have seen pain medicine and internal medicine in the last month, and is uncertain if he has seen neurology or psychiatry. Examination notes diminished sensation in the right index tip, right dorsal thumb and right small tip. Treatment plan is stated to include MRI of the head as requested by neurology, left wrist carpal tunnel surgery, and physical therapy following right wrist surgery. Consultations were requested again: Neurology follow-up for headaches, internal medicine for follow-up of stomach

discomfort and breathing from 12/5/13, psychiatry follow-up for anxiety and depression from 11/30/13, pain medicine follow-up pain 12/20/13, and orthopedist follow-up for post-op right wrist. Progress report dated 2/24/14 notes that the patient is seen in follow-up of right carpal tunnel release and right middle finger trigger release two weeks prior. He is noted to have post-op pain and stiffness. Recommendation is made for occupational therapy. A prescription dated 2/24/14 notes request for occupational therapy for left wrist carpal tunnel syndrome. Documentation from 1/27/14 notes that the patient complains of pain of the neck, bilateral shoulders, lower back, and bilateral wrist/hands. He was noted to not have had a previous MRI of the head, had seen pain management in the last month and was uncertain if he had seen psychiatry, internal medicine or neurology. Diagnoses noted were cervical spine disc bulges, lumbar spine disc bulges, probable bilateral shoulder derangement, and bilateral carpal tunnel syndromes. Consultations were requested: Neurology for report request, internal medicine for follow-up of stomach discomfort and breathing from 12/5/13, psychiatry follow-up for anxiety and depression from 11/13, pain medicine follow-up 12/20/13, and orthopedist follow-up for bilateral wrist treatments. Also, noted is that neurology has requested MRI of the head. Primary treating physician's note from 4/29/13 notes bilateral carpal tunnel release surgeries are recommended. Primary treating physician's note from 5/3/13 notes recommendation for Albuterol, Atrovent, Miralax, and Simethicone from Internal Medicine re-evaluation. Requests are made for follow-up with neurology, internal medicine, psychiatry and pain medicine. Recommendation is made for physiotherapy. On 6/10/13 relevant recommendations are made for follow-up of neurology, internal medicine, psychiatry, and pain medicine. Progress note from 12/9/13 documents head MRI is recommended by neurology, bilateral staged carpal tunnel release, right middle finger release, physical therapy of bilateral shoulders and hands. Report is requested from neurology as well as a cognitive evaluation, relevant follow-up is recommended from internal medicine, psychiatry and pain medicine. Documentation from 11/21/12 notes treatment of multiple systems. He is noted to have had electrodiagnostic studies from an unstated date that is reported to document bilateral carpal tunnel syndrome. Recommended return or initial appointments are listed: Psychiatry for 11/21/12 for anxiety and stress, Internal medicine for stomach discomfort and shortness of breath, Neurology initial evaluation for headaches, and Pain management initial evaluation for prolonged medication use. Primary treating physician's note from 5/16/12 documents a chief orthopedic complaint of lower back pain and other orthopedic complaints of pain in the bilateral shoulders, neck, bilateral hands/wrists and left knee pain. He complains of tingling in all ten fingers. Tinel's is negative of the bilateral wrists, whereas phalen's is positive bilaterally but diffuse numbness and tingling to the hands. Authorization was requested for electrodiagnostic studies of bilateral upper extremities, as well as consultations for neurology for headaches, psychiatry for depression and anxiety, and internal medicine for abdomen and chest complaints. UR dated 4/7/14 did not certify the following treatments/evaluations: MRI head, carpal tunnel release of the left wrist, neurology follow-up, internal medicine follow up, psychiatric follow-up, and pain medicine follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with Gadolinium of the head: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: The patient is documented to have complained of headaches and it is uncertain as to the specific evaluation provided by neurology. Multiple progress notes report request for neurology follow-up, but no specific detail as to the exact signs and symptoms are provided in the medical records reviewed. No specific follow-up reports are provided for review that pertain to neurologic complaints or symptoms. Utilization review states that the treating provider has not documented signs of a serious nature relative to the head. Without specific rationale related to the signs and symptoms of a neurologic abnormality or previous evaluation by neurology, MRI of the head cannot be deemed medically necessary. From page 171 of ACOEM, Neck and Upper back complaints, physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. Based on the medical records provided, this has not been established. Even though this is with respect to the upper back and neck, this would apply with any neurologic condition. There needs to be an assessment that justifies neurologic consultation and further MRI evaluation of the head. There is insufficient medical documentation of the patient's condition or factors that necessitate an MRI of the head. Therefore, this request is not medically necessary.

Left wrist surgery CTR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is noted to have a diagnosis of left carpal tunnel syndrome and recommendations for a staged carpal tunnel release. However, there is insufficient current documentation to confirm a significant left carpal tunnel syndrome that has failed conservative measures. The degree of left carpal tunnel syndrome has not been adequately described. Conservative measures of splinting and possible steroid injection have not been documented. The diagnosis has not been confirmed by electrodiagnostic studies provided in the medical records reviewed. The patient is only stated to have undergone electrodiagnostic studies but the severity of the condition has not been described. From ACOEM, Forearm, Wrist and Hand complaints page 270 notes:Referral for hand surgery consultation may be indicated for patients who:- Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention.The patient is not documented to have red flags of a serious nature, including but not limited to thenar atrophy. Conservative management has not been adequately documented. Further from page 270, CTS (carpal tunnel syndrome) must be proved by positive findings on clinical examination and the diagnosis should

be supported by nerve-conduction tests before surgery is undertaken. Electrodiagnostic studies have not been provided. Therefore, left wrist surgery CTR (carpal tunnel release) is not medically necessary.

Neurology follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter-Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: As stated above with respect to the request for MRI of the head, there is insufficient documentation to adequately describe a neurologic condition. The patient is only noted to complain of headaches, but no contemporary evaluation of any signs and symptoms of neurologic compromise are provided. No specific detail with respect to the headaches are provided by the requesting physician. It is not known the nature and quality of the headaches. No examination detail is provided with respect to the neurologic evaluation. No prior documentation of consultation with neurology is provided in the medical records reviewed, including any treatment recommendations. From page 171 of ACOEM, Neck and Upper back complaints, physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. Based on the medical records provided this has not been established. Even though this is with respect to the upper back and neck, this would apply with any neurologic condition. There needs to be an assessment that justifies neurologic consultation. There is insufficient medical documentation of the patient's condition or factors that necessitate a neurologic evaluation, Therefore, this request is not medically necessary.

Internal medicine follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter-Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), office visits.

Decision rationale: The patient had previously been noted to complain of stomach discomfort and unspecified breathing abnormality. There was no specific detail with respect to any current difficulties provided in the review. The last specific detail provided was from 5/3/13 which only notes recommendation for Albuterol, Atrovent, Miralax, and Simethicone from Internal Medicine re-evaluation. There are no current evaluations or descriptions of the exact medical condition that would warrant further evaluation. From ODG with respect to chronic pain and office visits, "Recommended as determined to be medically necessary". Evaluation and

management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Thus, medically necessary continued follow-up visits need to be justified from the medical records. This has not been provided for this patient. Therefore, this request is not medically necessary.

Psychiatric follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter-Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The patient is only noted to have complaints of anxiety and depression. But there is insufficient medical documentation to further describe any symptoms or previous treatment. There is no previous psychological assessment or treatment recommendations provided in the medical records reviewed. Without adequate description of the patient's condition or symptoms, psychiatric evaluation or follow-up cannot be considered medically necessary. From MTUS, Chronic Pain Medical Treatment guidelines, they state, "Consider a psych consult if there is evidence of depression, anxiety or irritability." There is no medical documentation to adequately describe the patient's condition to warrant a follow-up with psychiatry, as no previous evaluation has been documented. No previous treatment recommendations have been provided. Therefore, this request is not medically necessary.

Pain Medicine follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter-Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Pain(Chronic), office visits.

Decision rationale: The patient is noted to have previously been treated with pain management; however, there is insufficient medical documentation of previous treatment or recommendations.

There is insufficient documentation of chronic medications being required. A comprehensive medication history has not been provided in the medical records reviewed. Recent clinical conditions that would require chronic pain management is lacking. From ODG with respect to chronic pain and office visits, "Recommended as determined to be medically necessary." Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Thus, medically necessary continued follow-up visits need to be justified from the medical records. This has not been provided for this patient. Therefore, this request is not medically necessary.