

Case Number:	CM14-0066197		
Date Assigned:	09/05/2014	Date of Injury:	02/16/2014
Decision Date:	12/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 Family Practice 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 29-year-old male claimant who sustained a work injury on February 16, 2014 involving the neck, back, right shoulder and chest. He was diagnosed with cervical strain, thoracic strain, right shoulder strain, chest pain and anxiety/depression. A progress note on March 12, 2014 indicated the claimant continuous pain and involved regions. Examination findings were notable for spasms in the neck, thoracic spine and right shoulder. Range of motion was decreased in those regions as well. The cardiopulmonary examination was unremarkable. The treating physician provided topical /oral analgesics and ordered an x- ray of the involved areas. In addition physical therapy was requested for two times a week for four weeks, an internal medicine consultation for chest pain and a psychological consultation for stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 neck, thoracic spine and RUE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Physical therapy guidelines; Shoulder chapter

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, and 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. In this case the claimant had spasms and pain consistent with similar diagnoses of myalgia above. The request for eight sessions of physical therapy is appropriate to medically necessary.

Psychological Consultation for stress: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition, Chapter 6, page 115; Official Disability Guidelines: Mental stress chapter, psychological evaluations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ecological evaluation Page(s): 100-101.

Decision rationale: According to the guidelines psychological evaluations are generally accepted, well established procedures not only with pain problems with but also with more widespread use in chronic pain populations. In this case the claimant had anxiety, stress and depression associated with his injury and pain. A psychological evaluation is appropriate and medically necessary.

Internal medicine Consultation for chest pain and insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127; Independent Medical Examinations and Consultations; West Virginia Guidelines- 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) Specialist referral in Chapter 7, page 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case the nature of the chest pain and physical examination related to it were not provided. The request for an internal medicine consultation regarding chest pain is not medically necessary.