

Case Number:	CM14-0081086		
Date Assigned:	07/18/2014	Date of Injury:	09/04/2001
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 09/04/2001 that was work related and possibly asbestos related. The injured worker had a history of right shoulder pain radiating up to her neck, right upper extremity abdominal pain along with complaints of sharp fibers that are causes skin lesions. The diagnoses included chronic right shoulder and neck pain, fibromyalgia with chronic fatigue, chronic headaches, anxiety, depression, insomnia, asthma, rhinosinusitis, osteopenia, dysphasia, and Morgellons disease. No diagnostics provided. Past treatment included medications. The objective findings dated 05/05/2014 revealed that the injured worker was a well- hydrated, tearful female with no abnormal findings. The medications included Mucinex 600 mg, Topamax, Cortisporin cream, LidoProfen 7.5/20 mg, diazepam 5 to 10 mg, and promethazine 25 mg. The treatment plan included possible inpatient psychiatric care or assisted living, health care monitoring 24/7, housekeeping/cooking assistance, gastrointestinal (GI) specialist consultation, for abdominal pain and trouble swallowing, occupational and physical therapy evaluations. The request for authorization dated 07/18/2014 was submitted within the documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Physical Therapy Evaluation related to abdominal pain: Upheld

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

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Per the clinical notes provided, no physical examination provided of abdominal region. The injured worker has a new diagnosis of Morgellons disease, which includes delusional parasitosis. The clinical notes were vague as to why the injured worker would require physical therapy for the abdominal area or an evaluation. However, the clinical notes did address the concern that the injured worker was a danger to herself and refusal for inpatient psychiatric care and of assisted living. As such, the request is not medically necessary.