

Case Number:	CM14-0090877		
Date Assigned:	07/25/2014	Date of Injury:	05/27/2010
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Interventional Spine 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:

The case involves a 45 year-old female with a 5/27/10 date of injury. According to the 5/14/14 check-box orthopedic report, the patient has pain in the neck, upper back, lower back, right and left shoulders, left arm, left elbow, right and left wrist, left forearm, hand, and right ankle foot, and vision problems. The diagnoses is cervical strain; thoracic disc bulge; lumbar disc bulge; right shoulder strain, left shoulder strain, left elbow strain; right CTS; left CTS; right ankle foot strain; and other problems unrelated to current evaluation. The physician recommends PT x12 for C/S, T/S, L/S, R/L shoulder, R/L wrists; an internal medicine consult; psych follow-up and pain management follow-up. The 1/8/14 narrative report from the physician states he first evaluated the patient on 1/19/11 and that she is now P&S, and the mechanism of onset was cumulative trauma. Only the 5/27/14 and 1/8/14 medical reports were provided for this IMR. On 5/28/14 UR denied PT x12; the internal medicine consult; the psych consult follow-up; and pain management consult follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12, C/S, T/S, L/S, R/L shoulder, R/Lwrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Upper Back Chapter (acute & chronic) (04/14/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine pages 98-9 of 127.

Decision rationale: The patient is a 45 year-old female with a 5/27/10 cumulative trauma injury involving her neck, mid, and low back and both upper extremities. Limited information was available for this IMR. The 1/8/14 permanent and stationary report from the physician was provided, along with the 5/14/14 report. The request for IMR is for PT x12 for the C/S, T/S, L/S, r/l shoulder and r/l wrists. This was requested on 5/14/14. Unfortunately, the 5/14/14 report is in a check-box format and does not have any rationale for any of the requests. There is no pain assessment, no baseline measurements of ROM, or strength or any indication of what the goals of the requested PT might be. MTUS allows for 8-10 sessions of PT for various myalgias, but the request for 12 sessions of PT will exceed the MTUS recommendations. Therefore the request is not medically necessary.

Internal medicine consult, initial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7, Independent Medical Examination and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter7, page 127.

Decision rationale: The patient is a 45 year-old female with a 5/27/10 cumulative trauma injury involving her neck, mid, and low back and both upper extremities. Limited information was available for this IMR. The 1/8/14 permanent and stationary report from [REDACTED] was provided, along with the 5/14/14 report. The request for IMR is internal medicine consultation. This was requested on 5/14/14. Unfortunately, the 5/14/14 report is in a check-box format and does not have any rationale for any of the requests. There is no subjective complaints, no history or exam findings that provide insight into the reason the physician is asking for an internal medicine consultation. ACOEM guidelines do allow for referral to specialists for consultation "To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work" Without a rationale, the request for the consultation cannot be compared to guideline recommendations regarding consultations. The request cannot be verified to be in accordance with the ACOEM guidelines. Recommend non-certification.

Psych consult f/u: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7, Independent Medical Examination and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: The patient is a 45 year-old female with a 5/27/10 cumulative trauma injury involving her neck, mid, and low back and both upper extremities. Limited information was available for this IMR. The 1/8/14 permanent and stationary report from the physician was provided, along with the 5/14/14 report. The request for IMR is a psych consultation. This was requested on 5/14/14. Unfortunately, the 5/14/14 report is in a check-box format and does not have any rationale for any of the requests. There is no subjective complaints, no history or exam findings that provide insight into the reason the physician is asking for an psych consultation. ACOEM guidelines do allow for referral to specialists for consultation To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work Without a rationale, the request for the consultation cannot be compared to guideline recommendations regarding consultations. The request cannot be verified to be in accordance with the ACOEM guidelines. Therefore the request is not medically necessary.

Pain medicine consult, f/u: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7, Independent Medical Examination and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7,page 127.

Decision rationale: The patient is a 45 year-old female with a 5/27/10 cumulative trauma injury involving her neck, mid, and low back and both upper extremities. Limited information was available for this IMR. The 1/8/14 permanent and stationary report from the physician was provided, along with the 5/14/14 report. The request for IMR is a pain medicine consultation. This was requested on 5/14/14. Unfortunately, the 5/14/14 report is in a check-box format and does not have any rationale for any of the requests. There is no pain assessment, no history or exam findings or baseline measurement that provide insight into the reason the physician is asking for an pain medicine consultation. ACOEM guidelines do allow for referral to specialists for consultation To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work Without a rationale, the request for the consultation cannot be compared to guideline recommendations regarding consultations. The request cannot be verified to be in accordance with the ACOEM guidelines. Therefore the request is not medically necessary.