

Case Number:	CM14-0186784		
Date Assigned:	11/14/2014	Date of Injury:	11/01/2002
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Interventional Spine Pain Management 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 patient is a 61-year-old male with an injury date of 11/01/02. Based on the 10/08/14 progress report, the patient complains of neck, lower back, bilateral elbow, bilateral hand, right knee, and left shoulder pain. Patient rates his left elbow pain 7/10 with radiation to his entire left arm, neck, right shoulder. Patient also complains of sleeping problem, loss of appetite, low energy, and depression. Physical examination revealed pain over the "left elbow lateral epicondyle" which increased with wrist extension. According to the 08/27/14 progress report, the patient rates his left elbow pain 9/10 with intermittent burning sensation. Elbow examination findings were the same as the 10/08/14 report. As per 08/27/14, provider did not address patient's left elbow pain rated 9/10 in the treatment plan. Based on 07/16/14 progress report, provider re-requested for Platelet-rich plasma injection series to left elbow. In the 06/04/14 report, the patient presents with 9+/10 left elbow pain but states that he gets relief to 8/10 with Utracel. The provider did not address the elbow pain dated 06/04/14. Provider requests physical therapy 2 times per week for 6 weeks as per 10/08/14 report with no rationale except diagnosis of lateral epicondylitis. He also requests psychiatric consult with no exam or discussion provided. Diagnosis for 10/08/14 is Impingement Syndrome, Osteoarthritis of Acromioclavicular joint and Chronic Left Shoulder Rotator Cuff Tendonitis Possible Rotator Cuff Tear. The utilization review determination being challenged is dated 10/29/14. The rationale is "request for 1 consultation with a psychiatrist is certified. The request for 12 physical therapy sessions has been modified to certification of 3 physical therapy sessions." Treatment reports were provided from 02/19/14 - 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Consultation with Psychiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress chapter, chronic

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) Chapter 7, page 127, consultation

Decision rationale: The patient complains of neck, lower back, bilateral elbow, bilateral hand, right knee, and left shoulder pain. The request is for One (1) Consultation with Psychiatrist. Based on the 10/08/14 progress report, the patient also complains of sleeping problem, loss of appetite, low energy, and depression. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer 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." It would appear that the current provider feels uncomfortable with the medical issues and has requested for transfer to specialist. Therefore, this request is medically necessary.

Twelve (12) Physical Therapy session for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15, Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The patient complains of neck, lower back, bilateral elbow, bilateral hand, right knee, and left shoulder pain. The request is for twelve (12) Physical Therapy sessions for the left elbow. Patient had left elbow pain from 06/04/14 to 10/08/14 rated 7-9+/10. Based on the 07/16/14 progress report, provider re-requested for platelet-rich plasma injection series to left elbow. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Provider has not documented reason for the request. Reports do not discuss treatment history and provider does not explain why therapy is being requested other than for subjective pain. Furthermore, the requested 12 sessions exceed what is recommended per MTUS for this type of condition. Therefore this request is not medically necessary.

