MAXIMUS Federal Services

Case Number:	CM14-0207329		
Date Assigned:	12/19/2014	Date of Injury:	06/10/2013
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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 Orthopedic Surgery 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 59-year-old male who has submitted a claim for right shoulder impingement syndrome, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis and bilateral wrist tendinitis associated with an industrial injury date of 6/10/2013. Medical records from 2014 were reviewed. The patient complained of bilateral elbow, wrist and hand pain associated with numbness and tingling sensation. Physical examination showed minimal atrophy, positive Tinel's sign, and positive Phalen's test bilaterally. Cozen's test and tenderness were present at both elbows. The MRI of the cervical spine, dated 11/15/2014, demonstrated 3 mm right foraminal disc osteophyte complex at C4-C5 resulting in abutment of the exiting right cervical nerve root with narrowing of the right neural foramen. Ultrasound of both elbows on 8/14/2014 showed no detected soft tissue lesions. Treatment to date has included cortisone injection to elbows, physical therapy, medications and activity restrictions. The utilization review from 11/10/2014 denied the requests for rheumatoid consultation, MRI of the cervical spine and purchase of cold therapy unit. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatoid consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of bilateral elbow, wrist and hand pain associated with numbness and tingling sensation. Physical examination showed minimal atrophy, positive Tinel's sign, and positive Phalen's test bilaterally. Cozen's test and tenderness were present at both elbows. Treatment to date has included cortisone injection to elbows, physical therapy, medications and activity restrictions. However, there are no reports of acute pain exacerbation and symptoms that are not amenable to oral medications. The medical records do not reveal uncertainty or complexity of issues on pain management. Furthermore, there is no indication of failure of current therapies for the patient's pain problems, which may warrant referral to a specialist. There is no documented rationale for the request. Therefore, the request for rheumatoid consultation is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, there is no legible progress report concerning subjective complaints and physical examination findings of the cervical spine. Of note, the imaging was accomplished on 11/15/2014 demonstrating 3 mm right foraminal disc osteophyte complex at C4-C5 resulting in abutment of the exiting right cervical nerve root with narrowing of the right neural foramen. The medical necessity for MRI cannot be established due to insufficient information. Therefore, the request for MRI of the cervical spine is not medically necessary.

Purchase of a cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Cold therapy unit is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case, there is no treatment plan for any surgical procedure. There is no documented rationale concerning the request. The medical necessity cannot be established due to insufficient information. Therefore, the request for purchase of a cold therapy unit is not medically necessary.