MAXIMUS Federal Services

Case Number:	CM15-0000576		
Date Assigned:	01/12/2015	Date of Injury:	01/05/1999
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury while working as a paralegal injuring her left wrist on1/5/1999. She was diagnosed with carpel tunnel, which resolved. She has recently reported increased left arm pain with an area of swelling and burning pain in her forearm. The diagnoses have included cervical degenerative disc disease, left shoulder Degenerative Joint Disease (DJD), insomnia secondary to pain, situational stress, chronic migraines and depression. Treatment to date has included diagnostics, medications, physical therapy and psychotherapy. Currently, the IW complains of increased pain and swelling in elbow. She has chronic migraines and depression. The pain is rated 7/10 and sometimes 9/10.She has difficulty with fine motor skills such as opening mail and gripping things. She states that she wakes in the middle of the night with numb fingers. She depends on the norco to manage the pain as without the norco the pain is always rated 9/10. She is unable to sleep more than an hour at a time, unable to do her activities of daily living (ADL's) and unable to do physical therapy. On 12/23/14 Utilization Review non-certified a request for 1 Magnetic Resonance Imaging (MRI) of the left upper extremity, unknown additional sessions of physical therapy and 1 orthopedic consultation, noting that regarding the Magnetic Resonance Imaging (MRI) the IW was certified a nerve conduction study to evaluate symptoms earlier and this information can be utilized to obtain a diagnosis to her current symptomology. Regarding the additional sessions of physical therapy, the IW's subjective complaints and guideline recommendations, physical therapy does not appear warranted. The IW states that she is unable to perform physical therapy and guidelines require an internal effort to complete the tasks or

exercises. Regarding the orthopedic consultation, the Magnetic Resonance Imaging (MRI) has been non-certified and therefore the request for orthopedic consult is non-certified. The ACOEM Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow chapter, MRI

Decision rationale: This patient presents with chronic left elbow, left shoulder, and neck pain. The current request is for one MRI of the left upper extremity. The treating physician states that he would like to request an MRI of the left upper extremity "to rule out cubital tunnel syndrome." It was noted that this is the third request for this MRI, and the patient continues to have symptoms that are worsening. The ODG Guidelines under the elbow chapter has the following regarding MRI of the elbow, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." The patient has continued elbow pain with positive numbness in the pinky and ring finger and reports difficulty with fine motor skills such as opening the mail and weakness in her grips. The utilization review dated 12/23/2014 does not provide a rationale for the denial. In this case, given the patient's continued pain and positive examination findings, an MRI for further investigation may be warranted. ODG allows for MRI for various different diagnoses of the elbow. The requested left upper extremity MRI IS medically necessary.

Unknown additional sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic left elbow, left shoulder, and neck pain. The current request is for unknown additional sessions of physical therapy. Request for authorization dated 12/14/2014 requests physical therapy "additional visits." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include physical therapy notes. The number of completed therapy visits to date in the objective response of the therapy was not documented in the medical reports. The utilization

review denied the request stating that "in reviewing the patient's subjective complaints and guideline recommendations, physical therapy does not appear warranted. The patient states that she is unable to perform physical therapy." In this case, recommendation for an open-ended request of additional physical therapy cannot be supported. In addition, the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. There is no report of new injury, new surgery or new diagnosis that could substantiate the current. The requested additional physical therapy IS NOT medically necessary.

1 orthopedic consultation after MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2, 15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: This patient presents with chronic left elbow, left shoulder, and neck pain. The current request is for one orthopedic consultation after MRI. The utilization review denied the request stating that the patient was recently certified a nerve conduction study to evaluate her symptoms, and this information can be utilized to obtain a diagnosis for her current symptomatology. The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that "the occupational health practitioner may refer to other specialist 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. A referral may be 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." The treating physician would like to refer the patient for an orthopedic consultation as the patient continues with upper extremity complaints including numbness in multiple digits of her left hand with weakness. Given the treating physician's continued concern and positive examination findings, the request for consultation IS medically necessary.