

Case Number:	CM15-0006557		
Date Assigned:	01/26/2015	Date of Injury:	06/14/2011
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old female who sustained an industrial related injury on 6/14/11. The injured worker had complaints of neck pain that radiated to the right arm. A lumbar rhizotomy was recommended and authorized; however the injured worker declined the procedure. Gastrointestinal complaints were noted. Norco, Topical Analgesics, and Omeprazole were discontinued but symptoms persisted. Diagnoses included cervicothoracic strain/arthrosis/discopathy with foraminal stenosis, bilateral elbow epicondylitis, status post right carpal tunnel release, left carpal tunnel syndrome, bilateral cubital tunnel syndrome, lumbosacral strain/arthrosis/discopathy, gastrointestinal complaints, psychiatric complaints, and sexual dysfunction. The treating physician requested authorization for occupational therapy 2x4 for bilateral elbows and an internal medicine consult. On 12/31/14 the requests were non-certified. Regarding occupational therapy, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the injured worker has had prior physical therapy however the total number of sessions and the response to care including functional benefit was not clearly outlined. Therefore the request was non-certified. Regarding the internal medicine consultation, the UR physician cited the MTUS guidelines and noted the abdominal complaints were not adequately described. It was not clear that any intervention is indicated. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 4 weeks to the bilateral elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: The injured worker sustained a work related injury on 6/14/11. The medical records provided indicate the diagnosis of cervicothoracic strain/arthrosis/discopathy with foraminal stenosis, bilateral elbow epicondylitis, status post right carpal tunnel release, left carpal tunnel syndrome, bilateral cubital tunnel syndrome, lumbosacral strain/arthrosis/discopathy, gastrointestinal complaints, psychiatric complaints, and sexual dysfunction. Treatments have included Norco, Tyleno#3, Topical Analgesics, and Omeprazole. The medical records provided for review do indicate a medical necessity for Occupational Therapy 2 times a week for 4 weeks to the bilateral elbow. The utilization reviewer had denied this request as a result of lack of documentation of the number and outcome of the previous physical therapy; however, the hand specialist's note of 11/3/2014, and the primary treating Physician's report of 12/23/14 indicate she had never received any treatment for it the elbows in the past. The physical therapy was for carpal tunnel release. Therefore, the requested treatment is medically necessary and appropriate. The MTUS recommends.

Internal Medicine Consult: 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 Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 6/14/11. The medical records provided indicate the diagnosis of cervicothoracic strain/arthrosis/discopathy with foraminal stenosis, bilateral elbow epicondylitis, status post right carpal tunnel release, left carpal tunnel syndrome, bilateral cubital tunnel syndrome, lumbosacral strain/arthrosis/discopathy, gastrointestinal complaints, psychiatric complaints, and sexual dysfunction. Treatments have included Norco, Tyleno#3, Topical Analgesics, and Omeprazole. The medical records reviewed do not indicate a medical necessity for Internal Medicine Consult. The records did not provided clear information regarding the gastrointestinal complaints and the examination findings. Consequently, it is not possible from the records previewed to make a diagnosis of the kind of gastro-ntestinal complaints and the possible treatment. The MTUS recommends clear documentation of history and physical. The request is not medically necessary and appropriate.

