

Case Number:	CM15-0104366		
Date Assigned:	06/11/2015	Date of Injury:	07/02/2014
Decision Date:	09/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: 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 53 year old male who sustained an industrial injury on 07/02/2014. Treatment provided to date has included: physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include: sleep study (02/06/2015) resulting in an AHI (Apnea-Hypopnea index) of 60; electrodiagnostic and nerve testing of the bilateral upper extremities showing right carpal tunnel syndrome; electronystagmography and hearing test showing abnormal findings; CT scan of the brain and cervical spine showing multilevel degenerative changes and disc bulging. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/08/2015, physician progress report noted complaints of multiple near falls due to balance issues; intermittent sharp shooting pain to the bilateral shoulders radiating down to the hands and fingers with numbness and tingling; left hip pain that radiates to the lower back with soreness and stiffness; bilateral knee pain with numbness, tingling and weakness; cervical spine pain; headaches with left eye pain and blurred vision; and positional vertigo and dizziness. Pain is rated as 17 with an activity limitation of 7.4. Additional complaints include depression, increased snoring and insomnia. The physical exam revealed Mallampati 4, scalloped tongue, glossomegaly, abnormal ESS (Epworth Sleepiness Scale) score of 13, positive Rhomberg test, positive Barrany Hallpike, AHI of 60 with severe obstructive sleep apnea, right carpal tunnel syndrome, mood state of 7.6, and a pain rating of 17 for the low back, shoulders, wrist, hands, fingers and knees with a activity limitation of 7.4. The provider noted diagnoses of post-traumatic headaches, middle ear trauma, depression, severe obstructive sleep apnea, right carpal tunnel syndrome, left eye pain, and multiple musculoskeletal trauma

injuries. Plan of care includes a Rollator walker with brakes and seat, 12 sessions of physical therapy for the bilateral hands, 18 sessions of physical therapy for the bilateral shoulders, 18 sessions of physical therapy for the cervical spine, 18 sessions of physical therapy for the bilateral knees, 18 sessions of physical therapy for the lumbar spine, continued psychological evaluation and therapy/treatments, and Celebrex with 3 refills. The injured worker's work status totally temporarily disabled. Requested treatments include a Rollator walker with brakes and seat, 18 sessions of physical therapy for the bilateral hands, 18 sessions of physical therapy for the bilateral shoulders, 18 sessions of physical therapy for the cervical spine, 18 sessions of physical therapy for the bilateral knees, 18 sessions of physical therapy for the lumbar spine, continued psychological evaluation and therapy/treatments, and Celebrex with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with brakes and seat (Rollator): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medicare National Coverage Determination Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and The documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. The medical record does not contain sufficient documentation or address the above criteria. Walker with brakes and seat (Rollator) is not medically necessary.

Physical therapy 2 x 6 to bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Physical therapy guidelines and Forearm, Wrist and Hand Chapter.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5 (c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 18 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy 2 x 6 to bilateral hands is not medically necessary.

Physical therapy 3 x 6 to bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Physical therapy guidelines and Shoulder Chapter.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5 (c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 18 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy 3 x 6 to bilateral shoulders is not medically necessary.

Physical therapy 3 x 6 to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Physical therapy guidelines and Neck & Upper Back Chapter.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5 (c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 18 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy 3 x 6 to cervical spine is not medically necessary.

Physical therapy 3 x 6 to bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Physical therapy guidelines and Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5 (c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 18 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy 3 x 6 to bilateral knees is not medically necessary.

Physical therapy 3 x 6 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Physical therapy guidelines and Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement.

There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5 (c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 18 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy 3 x 6 to the lumbar spine is not medically necessary.

Continue psych evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation ODG, Stress and Mental Chapter, Cognitive Behavioral Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. This patient was already authorized for a psych evaluation in December of last year. No documentation of a specific treatment plan was included in the medical documents provided for review. Continue psych evaluation and treatment is not medically necessary.

Celebrex 200mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Celebrex 200mg #30 with 3 refills is not medically necessary.