MAXIMUS Federal Services

Case Number:	CM15-0015836		
Date Assigned:	02/03/2015	Date of Injury:	10/06/2014
Decision Date:	05/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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, Arizona
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 39 year old female with an industrial injury dated 10/06/2014 from repetitive activities. The diagnoses include bilateral carpal tunnel syndrome, anxiety, depression, insomnia, and shoulder strain/sprain. Recent diagnostic testing has included cardiac testing, respiratory testing, x-rays of the wrist (12/12/2014) which was unremarkable, and pulmonary stress test. She has been treated with conservative care, and medications. The only physician progress report submitted for review is documented on 01/07/2015. The treating physician reports bilateral pain and stiffness of the wrist and hands. The objective examination revealed decreased range of motion in the shoulders, and positive Phalen's test, and tenderness to palpation with muscle spasm. The treating physician requested physical therapy, an MRI of the bilateral wrists, electrodiagnostic studies, and a psychological evaluation. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight 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 Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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. The request as submitted failed to indicate the specific body part to be treated. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.

Functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines state a Functional Capacity Evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. In this case, the injured worker was pending authorization for a course of physical therapy, as well as 2 separate consultations. There was no indication that the injured worker had reached or was close to reaching maximal medical improvement. There was also not documentation of any previous unsuccessful return to work attempts. As such, the request is not medically appropriate.

MD consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. The specific type of physician consultation was not listed in the request. The injured worker is currently under the care of a primary treating physician for medication management. The medical necessity has not been established in this case. As such, the request is not medically appropriate.

Cardio-respiratory assessment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Pulmonary Function Test.

Decision rationale: The Official Disability Guidelines recommend pulmonary function testing as indicated. In this case, there is no documentation of a cardiopulmonary abnormality upon examination. It is not apparent that a basic clinical evaluation of the heart and lungs has been performed. There is no evidence of cardiopulmonary insufficiency. In the absence of such documentation, the medical necessity has not been established. As such, the request is not medically appropriate.

Two sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The medical necessity for 2 sessions of acupuncture has not been established. Additionally, the request as submitted failed to indicate the specific body part to be treated. As such, the request is not medically appropriate.

Psych evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. It is noted that the injured worker suffers from depression, anxiety and irritability, as well as a lack of energy. However, there was no comprehensive psychological examination provided. There is no documentation of workplace stressors that have been reported consistent with the type of stressors described in the appropriate evaluation. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.