

Case Number:	CM15-0139257		
Date Assigned:	07/29/2015	Date of Injury:	12/16/2002
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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: Florida

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old female who sustained an industrial injury on 12-16-2002 due to repetitive movement as a clerk. Diagnoses include cervical strain; sprain and strain of the bilateral shoulders; and bilateral carpal tunnel syndrome. Treatment to date has included medications, right hand-wrist cortisone injections and home exercise program. Physical therapy was too painful and she had to stop. According to the progress notes dated 4-30-2015, the IW (injured worker) reported severe pain in the bilateral upper extremities, wrists and hands, as well as the neck; there was radiation to the bilateral arms from the neck described as numbness and tingling. She described the pain as aching, throbbing and constant, rated 7 out of 10 without medications and 5 out of 10 with medications. She also reported muscle spasms across the neck and back. Her pain was exacerbated with repetitive movement of the upper extremities, by prolonged sitting, neck movement and lying supine. On examination, sensation was diminished in the bilateral upper extremities. The neck, shoulders, forearms, wrists and hands were tender to palpation, with decreased range of motion in the neck, shoulders and wrists. There were palpable spasms in the paravertebral muscles and diminished strength in the neck and upper extremities. Tinel's sign was positive at the bilateral wrists. A request was made for psychiatric diagnostic evaluation, one hour, and physical rehabilitation therapy for 16 weeks for chronic pain not resolved with conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric diagnostic evaluation, one hour: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

Decision rationale: Regarding this patient's case, the documentation states that the primary treating physician was ordering a psychiatry diagnostic evaluation as part of a screening protocol for admittance to a FRP (Functional Restoration Program.) The requesting physician did not understand that a FRP evaluation encompasses psychological evaluations and physical therapy evaluations. This patient has been recommended for an FRP evaluation by the peer review physician, and likewise a separate psychiatric therapy evaluation will now not be necessary. Likewise, this request is not considered medically necessary.

Physical Rehabilitation Therapy for sixteen week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99 of 127.

Decision rationale: This request is for "physical rehabilitation therapy sixteen week." Per the peer review physician's documentation, this physical therapy request was made by the primary treating physician who was under the impression that a physical therapy evaluation is a pre-requisite to be considered as a candidate for a functional restoration program. The physician did not understand that a FRP (Functional Restoration Program) evaluation encompasses psychological evaluations and physical therapy evaluations. This patient has been recommended for an FRP evaluation by the peer review physician, and likewise a separate physical therapy evaluation will now not be necessary. Likewise, this request is not considered medically necessary.