

Case Number:	CM15-0144933		
Date Assigned:	08/05/2015	Date of Injury:	04/08/2015
Decision Date:	09/03/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on April 8, 2015. She reported immediate pain in her right shoulder, right wrist and right knee. The injured worker was diagnosed as having right shoulder rotator cuff tendonitis bursitis, right wrist sprain strain contusion and right knee sprain strain contusion. Treatment to date has included diagnostic studies, wrist brace, physical therapy and medication. Physical therapy to the right shoulder was noted to provide no improvement. On April 27, 2015, notes stated that she suffered a panic attack due to being reprimanded and written up because she did not perform an assignment which required lifting and moving heavy merchandise. On June 11, 2015, the injured worker complained of intermittent right shoulder pain, intermittent moderate right wrist pain and intermittent moderated pain in her right knee. Her right wrist pain is aggravated by gripping, grasping, forceful gripping, rotation of the wrist, cooking, performing household chores and fine manipulation. Her right knee pain is aggravated by prolonged standing, prolonged walking and rising from a sitting or lying down position. The treatment plan included physical therapy two times per week for four weeks for the right shoulder and acupuncture treatment two times a week for four weeks. On July 20, 2015, Utilization Review non-certified the request for physical therapy two times four for the right wrist and the right knee and psychologist consultation, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the right wrist, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the right wrist, right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder rotator cuff tendinitis/bursitis; right wrist sprain/strain/contusion; and right knee sprain/strain/contusion. The date of injury is April 8, 2015. The request for authorization is dated July 13, 2015. According to a June 4, 2015 physical therapy progress note, the injured worker received #15 sessions of physical therapy. Treatment has been directed to the knee, wrist and shoulder. According to a July 9, 2015 progress note, subjectively the injured worker complains of ongoing shoulder pain with numbness and tingling. The injured worker also complains of anxiety and panic attacks. Objectively, there is tenderness to help patient on or about the neck, risk and shoulders. The documentation does not indicate the injured worker is objectively anxious. The guidelines recommend 9 to 10 over eight weeks. The injured worker received #15 sessions to date. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy two times per week times four weeks to the right wrist, right knee is not medically necessary.

Psychologist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, psychologist consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right shoulder rotator cuff tendinitis/bursitis; right wrist sprain/strain/contusion; and right knee

sprain/strain/contusion. The date of injury is April 8, 2015. The request for authorization is dated July 13, 2015. According to a June 4, 2015 physical therapy progress note, the injured worker received #15 sessions of physical therapy. Treatment has been directed to the knee, wrist and shoulder. According to a July 9, 2015 progress note, subjectively the injured worker complains of ongoing shoulder pain with numbness and tingling. The injured worker also complains of anxiety and panic attacks. Objectively, there is tenderness to help patient on or about the neck, risk and shoulders. The documentation does not indicate the injured worker is objectively anxious. There is no clinical indication for consultation with a psychologist. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The treating provider can provide first-line treatment with anxiolytics to treat anxiety. Should the injured worker remains symptomatic after initial treatment, a consultation may, in fact, be appropriate. Consequently, absent clinical documentation with first-line treatment for anxiety, psychologist consultation is not medically necessary.