MAXIMUS Federal Services

Case Number:	CM15-0189904		
Date Assigned:	10/02/2015	Date of Injury:	01/24/2013
Decision Date:	12/16/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, California
Certification(s)/Specialty: Emergency 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:

This is a 68 year old male with a date of injury of January 24, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder surgery in 2013. Medical records (June 30, 2015; July 2, 2015; August 4, 2015) indicate that the injured worker complained of shoulder pain, left leg and knee pain, neck pain, lower back pain, and bilateral wrist and hand pain. Per the treating physician (August 4, 2015), the employee was not working. The physical exam (June 30, 2015; July 2, 2015; August 4, 2015) reveals decreased sensation of the right small tip and index tip, tenderness of the right shoulder, right shoulder pain with range of motion and tenderness of the low back. Treatment has included right shoulder surgery (2013). Physiotherapy treatment was recommended but not documented as being rendered. The original utilization review (August 21, 2015) non-certified a request for a pain management consultation for chronic pain, neurology consultation for headaches, transcutaneous electrical nerve stimulator unit and a heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation, for chronic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back pain - office visit.

Decision rationale: CA MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for a pain management consultation. The documentation does not include medications, physical medication, or other treatments currently employed to treat chronic pain. There is no discussion of the current care plan to address the IW's pain. Without supporting documentation, the request for a pain management consultation is determined not medically necessary.

Neurology consultation, for headaches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain: office visits.

Decision rationale: CA MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for a neurology consultation. The IW does report a headache, but there is no discussion of the character, location, triggers or pattern of the headaches. There is no neurologic examination or discussion of treatment plans aimed at treating the IW's headaches. The documentation does not include medications, physical medication, or other treatments currently employed to address these symptoms. There is no discussion of the current care plan to address the IW's pain. Without supporting documentation, the request for a neurology consultation is determined not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The CA MTUS ACOEM guidelines state "Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral." The documentation does not support the IW is under the care of a physical therapist. There is no discussion of a trial period or ongoing use of a TENS unit. Without the support of the documentation or adherence to the guidelines, the request for a TENS unit is determined not medically necessary.

Heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG cold/heat packs.

Decision rationale: CA MTUS is silent regarding this topic. ODG recommends heat packs in the setting of acute pain. The documentation supports the IW has ongoing, chronic shoulder pain. There is no documentation to support the IW has ever used heat as a modality to treat her injuries, either at home or under the care of a therapist. Without this documentation to support previous use and efficacy, the request to purchase a heating pad is determined not medically necessary.