

Case Number:	CM15-0192313		
Date Assigned:	10/06/2015	Date of Injury:	04/23/2014
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old female who sustained industrial injuries on 4-23-2014. Diagnoses have included cervical, thoracic, lumbar, bilateral shoulder, bilateral wrist and bilateral sprains or strains. She also has been diagnosed with bilateral knee chondromalacia, left De Quervain's, left dorsal ganglion cyst diagnosed through MRI, injury to eyes, and complaint of blurred vision, irritation of eyes, and watery eyes. Documented treatment includes 12 sessions of acupuncture, and medication including Naproxen, Prilosec, Flexeril, and Methoderm cream. There is no treatment documented for eye symptoms. On 9-4-2015 the injured worker presented with pain and stiffness in the neck radiating to the bilateral upper extremities; dull and achy mid, and low back pain, stiffness, heaviness, and weakness; right and left shoulder pain, stiffness and weakness; bilateral knee pain, stiffness and heaviness; and, her eyes are irritated, watery, and she has blurred vision with exposure to cleaning chemical fumes, and hot and cold temperatures. Objective examination noted "decreased and painful" range of motion to all presented areas of complaint including tenderness with palpation. Right and left hands had positive Phalen's tests and Tinel's signs. Pain ratings are not provided, however, physical therapy notes from 6-2015 were reporting pain as 9 out of 10 in all areas made worse with "all movements." She had numbness and tingling shooting from the neck and low back into all extremities. A note 9-10- 2015 with a pain management physician rated her pain as 7 out of 10, being "constant" and "sharp." The treating physician's plan of care includes consultations for pain management, ophthalmology, and a hand specialist; 18 sessions of aqua therapy; and, a follow up visit. These were denied on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Consult with Pain Management: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 42 year old female with spina bifida, MR, cerebral palsy, admitted for failure to thrive, due recent stomatitis. She has functional decline from baseline per family, but was previously dependent on others for ADLs.

Decision rationale: Regarding the request for referral to pain management consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears the patient has continued significant pain and functional decline despite conservative treatments to date. The patient has received chiropractic care, acupuncture, and physical therapy. Despite this, the upper, mid and low back pain remains. Given this clinical picture, the request for consultation is medically necessary as a pain provider can render a second opinion and perhaps offer additional treatment options.

Follow up visit in 4-6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ODG Office Visits.

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

Decision rationale: Regarding the request for a follow-up visits in general, the California MTUS does not specifically address the issue. ODG cites that "the need for a clinical 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, there is documentation of continued pain and the requesting provider is recommending interventions and treatments, which would require follow-up. Thus, the current request is medically necessary.

Aqua Therapy 3x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The guidelines further specify that the quantity and duration of treatment should follow the same guidelines as land-based therapy. The CPMTG on pages 98-99 state a recommended 10 visits of therapy for neuritis and myalgia. Furthermore, the physical medicine guidelines of the MTUS specify that future therapy is contingent on demonstration of functional benefit from prior therapy. Within the submitted documentation, there is documentation of prior land-based physical therapy. There is no statement as to what extenuating circumstances precluded land based therapy such as extreme obesity. In fact, the patient is noted to be 5'3" and 120-125 pounds based upon the various office notes. Therefore, this request is not medically necessary.

Ophthalmology Consult: Overturned

Claims Administrator guideline: Decision based on MTUS Eye 2004. Decision based on Non-MTUS Citation ODG Eye Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the documentation submitted for review, there is documentation that the worker had exposure to chemical fumes at work and had cooking oil splashed into the eyes. The patient complains on many occasions of eye irritation and symptoms of blurry vision. Given this history, an ophthalmology consultation is medically necessary. Although in this case this request is necessary and appropriate from a medical standpoint, the IMR process does not decide upon causation. If there is dispute as to whether this condition should be covered under the patient's worker's compensation carrier or not, then a IME/AME can be ordered to assess causation. Therefore, although this request is medically necessary, it may not be the obligation of the worker's compensation carrier to provide this type of care if the industrial relatedness of this condition is not established.

Hand Specialist Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Office Visits, Forearm, wrist and hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, the patient has already been seeing a hand specialist. An example of an office visit from the hand specialist is evident from the progress note dated 9/15/15. It is unclear why another request for hand specialist consultation has been made. If the hand specialist requests additional follow-up visits, then the consulting secondary treating physician should make this request. This request is not medically necessary.