MAXIMUS Federal Services

Case Number:	CM15-0193192		
Date Assigned:	10/07/2015	Date of Injury:	05/02/2006
Decision Date:	12/17/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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 51 year old female, who sustained an industrial injury on 5-2-2006. The medical records indicate that the injured worker is undergoing treatment for cervical spine sprain-strain with attendant spondylosis, lumbar spine sprain-strain, status post right shoulder arthroscopy, bilateral elbow lateral epicondylitis, bilateral wrist tendinitis, and stress related issues. According to the progress report dated 8-25-2015, the injured worker presented with complaints of frequent-to constant, moderate-to-severe, neck pain and bilateral elbow numbness and tingling. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation with muscle guarding, restricted range of motion, and positive compression and distraction test. Examination of the bilateral elbows reveals tenderness to palpation over the medial epicondyles, limited range of motion, and positive Tinel's test. The current medications are not specified. Previous diagnostic studies include MRI of the cervical spine. Treatments to date include medication management, physical therapy, home exercise program, chiropractic, acupuncture, and surgical intervention. Work status is described as not working. The original utilization review (9-9-2015) had non-certified a request for 6 aquatic therapy sessions, pain management consultation, ultrasound of the bilateral elbows, and rheumatology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy sessions x6: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. There is no mention of the need for reduced weight bearing, and no clear reason why traditional land based therapy cannot be utilized. As such, this request is not medically necessary.

One (1) Pain Management consultation: Overturned

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) Chronic Pain, Referrals.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. This injured worker has chronic pain, that is noted to be worsening, and additional expertise and management by a pain trained physician would be appropriate at this time. As such, this request is medically necessary.

One (1) Ultrasound of the bilateral elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic): Ultrasound, diagnostic 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Ultrasound, Diagnostic.

Decision rationale: The CA MTUS guidelines are silent regarding diagnostic ultrasound. The Official Disability Guidelines indicate that diagnostic ultrasound is helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. There is low specificity noted in the detection of symptomatic lateral epicondylitis. Indications included suspicion of nerve entrapment or mass and biceps tendon tear and/or bursitis, when plain films

are non-diagnostic. Within the submitted records, the rationale for this study appears to be 'rule out enlargement' of mass or (question) nerve. Diagnoses listed include lateral epicondylitis and guidelines do not support ultrasound for this condition. The guideline criteria does not appear to have been met and as such, this request is not medically necessary.

One (1) Rheumatology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach.

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, Referrals.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. The records submitted state that the Rheumatology referral is for a possible diagnosis of Fibromyalgia given the widespread areas of tenderness. There is no need for this consultation as Pain Management has also been consulted, and Pain trained Physicians are capable of treating conditions such as Fibromyalgia. Furthermore, records show physical exam to be free of rheumatological findings such as joint deformity, joint warmth, and/or swelling. This request is not medically necessary.