

Case Number:	CM15-0204629		
Date Assigned:	10/21/2015	Date of Injury:	06/27/2014
Decision Date:	12/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 34 year old male, who sustained an industrial injury on 6-27-14. The injured worker was diagnosed as having shoulder adhesive capsulitis, pain in joint of ankle and foot, sternum sprain, right humerus fracture, closed fracture of the medial malleolus, neck pain, and posttraumatic headaches. Treatment to date has included right humeral open reduction internal fixation, an unknown number of physical therapy sessions, a home exercise program, and medication including Norco and Gabapentin. Physical examination findings on 7-1-15 included fluent speech, difficulty identifying objects in the right visual periphery, cervical paraspinal tenderness, and right shoulder painful range of motion. Right arm strength was limited secondary to pain. On 7-1-15, the injured worker complained of shoulder and cervical pain. Blurry vision and loss of peripheral vision in the right eye was noted. Tinnitus in the right ear, difficulty with balance, and headaches were also noted. The treating physician requested authorization for follow up speech therapy x1 for aphasia, ophthalmology evaluation x1 for bilateral eyes, follow up visits x6 with neurologist for headaches, ENT follow up x1 for bilateral ears, and physical therapy for the right arm and leg. On 9-17-15, the request for follow up visits x6 with neurologist for headaches was modified to certify 1 visit. All other requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with speech therapy x 1 for aphasia: 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), Speech.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter-- Speech therapy (ST).

Decision rationale: As per Official Disability Guidelines (ODG) Criteria for Speech Therapy:- A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease. Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Treatment beyond 30 visits requires authorization. Medical records indicate the injured worker has demonstrated fluent speech. There is insufficient documentation to warrant additional Speech therapy (ST). Medical necessity of the requested treatment has not been established. The requested treatment Follow up with speech therapy x 1 for aphasia is not medically necessary and appropriate.

Ophthalmology evaluation x 1 for bilateral eyes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapters 5 and 7, pages 112, 127.

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

Decision rationale: Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why repeat Ophthalmology evaluation is needed. The previous Ophthalmology evaluation suggested the need for neuro-ophthalmology evaluation. Medical records are not clear about any change in injured worker's chronic symptoms.

Given the lack of documentation about any new concerns, the requested treatment Ophthalmology evaluation x 1 for bilateral eyes is not medically necessary.

Follow up visits x 6 with neurologist x 6 for headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapters 5 and 7, pages 112, 127.

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

Decision rationale: Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The injured worker is having headaches and abnormal gait. The requested treatment follow up with neurologist is medically necessary.

ENT follow up x 1 for bilateral ears: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapters 5 and 7, pages 112, 127.

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

Decision rationale: Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The

notes submitted by treating provider do not indicate why repeat ENT evaluation is needed. The previous ENT evaluation suggested the need for hearing aid. Medical records are not clear about any change in injured worker's chronic symptoms. Given the lack of documentation about any new concerns, the requested treatment ENT follow up x 1 for bilateral ears is not medically necessary.

Physical therapy for right arm and right leg: Upheld

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

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

Decision rationale: MTUS recommends 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The records do not indicate functional benefit from prior physical therapy visits. In addition, there is no mention of any significant change of symptoms or clinical findings, or acute flare up to support PT. The requested treatment Physical therapy for right arm and right leg is not medically necessary and appropriate.