

Case Number:	CM15-0029105		
Date Assigned:	02/23/2015	Date of Injury:	12/04/2014
Decision Date:	05/20/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 26 year old male who sustained an industrial related injury on 11/25/14. The mechanism of injury involved cumulative trauma. Diagnoses included cervical sprain/strain and left finger sprain/strain. Medications included Etodolac ER, Orphenadrine, and Polar Freeze gel. The injured worker presented on 12/11/2014 for a follow-up evaluation. The injured worker reported 7/10 pain in the cervical spine and 5/10 pain involving the left thumb. Upon examination, there was stiffness of the cervical spine, posterior cervical tenderness, paracervical and trapezius muscle tenderness, paracervical and trapezius muscle spasm, negative cervical compression test, restricted cervical range of motion, and paracervical muscle weakness. There was no deformity of the left hand noted. There was no triggering of the left hand flexor tendons or the A1 pulley. There was no restricted range of motion on flexion of the left MP joint. There was full range of motion of the left thumb. Muscle weakness of the left hand and fingers was noted. Treatment recommendations at that time included continuation of the current medication regimen, as well as a moist heat pad. There was no Request for Authorization form submitted for this review.

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 neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43, 49, 83, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state 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. In this case, it is noted that the injured worker has been previously treated with physical therapy for the cervical spine. Documentation of significant functional improvement following the initial course of treatment was not provided. Therefore, additional therapy would not be supported. As such, the request is not medically appropriate.

Functional Capacity Evaluation x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation if case management has been hampered by complex issues and the timing is appropriate. In this case, the injured worker continues to report high levels of pain and discomfort. There is no indication that this injured worker is close to reaching, or has reached, maximum medical improvement. There is also no documentation of any previous unsuccessful return to work attempts. Given the above, the request is not medically necessary.

MD referral for medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment

plan. In this case, it is noted that the injured worker previously underwent an MD evaluation. There is no indication as to whether or not the injured worker received any type of medication or medical treatment from the provider. The medical necessity for an additional referral has not been established. As such, the request is not medically necessary.

Cervical pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Pillow.

Decision rationale: The Official Disability Guidelines recommend a neck support pillow while sleeping, in conjunction with daily exercise. In this case, there is no indication that this injured worker is actively participating in daily exercises. It is unclear how the requested durable medical equipment will significantly improve the injured worker's function or alter the treatment plan. Given the above, the request is not medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of spinal instability upon examination. The medical necessity for a lumbar support brace has not been established in this case. As such, the request is not medically necessary.