

<b>Case Number:</b>	CM15-0031391		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: California

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 59 year old female who sustained an industrial injury on 4/8/10 resulting in contusion and straining injuries to the cervical and thorocolumbar regions of her spine in addition to her coccyx. Currently she complains of achy low back pain and right hand and thumb pain. Her pain is more stable with medications. Her pain intensity is 6/10 with medications and 8/10 without medications. Her activities of daily living are limited. Medications are Neurontin, Colace, Senekot, Ambien, Nucynta and Wellbutrin. Diagnoses include backache; lumbar degenerative disc disease with disc extrusion; lumbar degenerative joint disease; lumbago; right hand and thumb pain, osteoarthritis. Diagnostics include MRI lumbar spine (11/11/11) demonstrating facet hypertrophy with central protrusion; MRI lumbar spine 3/21/13 and 8/10; electromyography/ nerve conduction studies 10/25/13 which were normal; x-rays of the right hand demonstrating osteoarthritis. Of Note, on 2/11/15 an initial evaluation for physical therapy of the right hand was done. On 1/23/15 Utilization Review non-certified the requests for an office consultation with an orthopedic surgeon; remaining 6 sessions of physical therapy for the right hand citing ACOEM: Chapter 7: Independent Medical Examinations and Consultations; ACOEM and ODG: Physical Therapy respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office consultation with an orthopedic surgeon: Overturned**

**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, 2nd Edition, 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** Based on the 11/13/14 progress report, the patient complains of achy low back pain and worsened right hand and thumb pain. Her pain intensity is 6/10 with medications and 8/10 without medications. The request is for Office Consultation With An Ortho Surgeon. Physical examination to the Right hand performed on 01/08/15 revealed "swelling over the CMC joint. Tenderness to palpation is noted over the hypothenar eminence." Per Xray of the Right hand performed on 06/07/13 patient has been diagnosed with osteoarthritis in the Right hand. Patient's medications include Neurontin, Colace, Senekot, Ambien, Nucynta and Wellbutrin. The patient is temporarily totally disabled, per 01/05/15 progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per treater report dated 11/13/14 treater states, "We previously had Xray documenting OA. She may also have a component of Dequervain. She has never had therapy. I will request hand therapy and hand specialist consult. I am doubtful there is a surgery to perform but steroid injection is a possibility." ACOEM guidelines support referral to a specialist to aid in complex issues. Given the patient's chronic pain that remain in spite of medications, an orthopedic consultation may contribute to improved management of symptoms. Thus, the request IS medically necessary.

**Remaining 6 sessions of physical therapy for the right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the 11/13/14 progress report, the patient complains of achy low back pain and worsened right hand and thumb pain. Her pain intensity is 6/10 with medications and 8/10 without medications. The request is for Remaining 6 Sessions of PT For Right Hand. Physical examination to the Right hand performed on 01/08/15 revealed "swelling over the CMC joint. Tenderness to palpation is noted over the hypothenar eminence." Per Xray of the Right hand performed on 06/07/13 patient has been diagnosed with osteoarthritis in the Right hand. Patient's medications include Neurontin, Colace, Senekot, Ambien, Nucynta and

Wellbutrin. The patient is temporarily totally disabled, per 01/05/15 progress report. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient underwent a physical therapy evaluation per PT report dated 02/11/15. No other therapy notes were provided. According to the UR letter, the request was initially for 12 session, which was modified to 6 sessions. The treater is appealing the rest of the 6 sessions. Given that the MTUS only allows 9-10 sessions for this type of condition, the additional 6 sessions would exceed the recommendation. The request IS NOT medically necessary.