

Case Number:	CM15-0034358		
Date Assigned:	03/02/2015	Date of Injury:	12/16/2011
Decision Date:	04/20/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/24/2015

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 50-year-old female who reported an injury on 05/01/2012. The mechanism of injury was not specifically stated. The current diagnoses include cervical sprain/strain with bilateral upper extremity radiculopathy; left elbow sprain/strain, rule out ulnar canal syndrome; lumbar spine sprain/strain; and bilateral knee sprain/strain with right knee internal derangement. Associated symptoms included stress, anxiety, depression, and sleep disturbance. The injured worker presented on 01/05/2015 for a follow up evaluation with complaints of persistent pain over multiple areas of the body. It was noted that the injured worker had been previously treated with physical therapy, acupuncture, and a right knee cortisone injection. Upon examination, there was mild distress noted. The injured worker had an erect posture with stiffness. There was no difficulty rising from a sitting position. Recommendations at that time included a prescription for ibuprofen cream, ibuprofen 800 mg tablet, and Prilosec 20 mg. A psychiatric consultation as well as an internal medicine consultation were recommended as well. The provider indicated that he would request 6 sessions of physical therapy and acupuncture as the injured worker had not participated in over 1 year. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3 weeks, 6 sessions for the Elbow and both knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: 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. There was no documentation of objective functional improvement following the initial course of physical therapy. Therefore, additional treatment would not be supported in this case. As such, the request is not medically appropriate.

Acupuncture 2 x 3 weeks, 6 sessions for the elbow and both knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. There was no documentation of this injured worker's active participation in physical rehabilitation. There was also no evidence of a significant musculoskeletal deficit upon examination. Given the above, the request is not medically appropriate.

Psychology Consult with Dabney Blankenship, PHD: Upheld

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

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

Decision rationale: 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, there was no documentation of a comprehensive psychological evaluation prior to the request for a specialty referral. There is no indication that this injured worker has previously attempted treatment of depression with oral antidepressants. Given the above, the request is not medically appropriate at this time.

Internal Medicine Specialist Consult: Upheld

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

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

Decision rationale: 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 was noted that the provider requested an internal medicine specialist given the injured worker's high blood pressure reading of 154/104. While an internal medicine consultation may be considered, it was also noted that the injured worker had received authorization for an internal medicine consultation in 01/2015. The medical necessity for an additional internal medicine specialty referral has not been established. As such, the request is not medically appropriate.

Ibuprofen cream 60mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac. Therefore, the current request for an ibuprofen cream would not be supported. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Prilosec 20mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor even in addition to a nonselective NSAID. In this case, there is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the medical necessity for a proton pump inhibitor has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

