MAXIMUS Federal Services

Case Number:	CM15-0039812		
Date Assigned:	03/10/2015	Date of Injury:	04/23/2012
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 was a 50 year female, who sustained an industrial injury, April 23, 2012 and continuous trauma from January 1, 2007 through November 28, 2013. According to progress note of December 15, 2014, the injured workers had several chief complaints were generalized joint/body pain and knee pain along the joint line. The physical exam noted the injured worker there was tenderness with palpation over the cervical paraspinal muscles and trapezlus muscles. There was tenderness over the paradorsal muscles with decreasing intensity. The thoracic spine had tenderness with palpation over the paralumbar muscles with decreasing intensity and frequency. The injured worker was diagnosed with musculoligamentous stretch cervical spine, thoracic spine and lumbar spine, carpal tunnel syndrome, left hip pain, fibromyalgia, abdominal hernia, anxiety and depression. The injured worker previously received the following treatments EMG/NCV (electromyography/nerve conduction velocity studies) of the lower extremities, 24 visits physical therapy, 24 chiropractic, 24 occupational therapy, 8 sessions physiotherapy, x-ray of the right knee, x-ray left knee and arthritis panel. The treatment plan included an arthritis panel. According the progress note of December 15, 2014 the arthritis panel was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthritis Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 89.

Decision rationale: The MTUS ACOEM Guidelines state that the clinician can always think about differential diagnoses, whether they are of an occupational or non-occupational nature. A detailed history and physical examination should be conducted. Special studies may be used to determine the presence of conditions that might be helped by surgical or medical therapy more intensive or specialized. However, the occupational health professional managing the case must be sure that the studies are indicated and are specific and sensitive for the related condition. Testing can be done to confirm clinical data. In the case of this worker, there was insufficient clinical evidence to support the diagnosis of a systemic inflammatory arthritis condition to warrant screening laboratory testing for this. Without clinical information to suggest this diagnosis, the arthritis panel is not medically necessary.