MAXIMUS Federal Services

Case Number:	CM15-0044787		
Date Assigned:	03/16/2015	Date of Injury:	03/13/2014
Decision Date:	04/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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 46-year-old male who reported an injury on 03/13/2014. The mechanism of injury was not specifically listed. The current diagnoses include left shoulder sprain, crushing injury of the forearm, left wrist sprain, and left hand joint pain. The injured worker presented on 02/04/2015 for a follow-up evaluation with complaints of left shoulder pain, left forearm pain, left wrist pain, and severe left hand pain with numbness and tingling. Upon examination of the left shoulder, there was 160 degrees flexion, 150 abduction, 80 degrees external rotation, and 70 degrees internal rotation. There was tenderness to palpation over the dorsal forearm and radial forearm. There was also evidence of positive Froment's paper test and tenderness over the dorsal wrist. Carpal compression test, as well as Phalen's test, both caused pain. Examination of the left hand revealed limited range of motion, as well. Recommendations included 24 sessions of physical therapy for the left shoulder, elbow, and forearm. It was also noted that the injured worker was pending an EMG/NCV report for the bilateral upper extremities. A urine toxicology screen was obtained in the office. The injured worker was instructed to continue with the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 24 for left shoulder, elbow, forearm and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Elbow chapter, Forearm, wrist and hand chapter.

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. The request for an initial 24 sessions of physical therapy is excessive in nature and would not be supported. Additionally, there was no evidence of a significant functional limitation with regard to the left shoulder or elbow. Given the above, the request is not medically appropriate at this time.

EMG/NCV for bilateral extremities Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Neck chapter, Occupational medicine practice guidelines, 2nd edition (2004), page 177-179, Official Disability Guidelines (ODG), Neck and Upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. There was no mention of an attempt at any conservative management prior to the request for an electrodiagnostic study. Additionally, it was noted that the provider was pending the injured worker's EMG/NCV report for the bilateral upper extremities. The medical necessity for an additional study has not been established. Therefore, the request is not medically appropriate.

Orthopedic consult Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, ACOEM Chapter 7 - Independent medical examinations and consultations page 127, 156, Official Disability Guidelines (ODG), Pain Chapter.

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 an exhaustion of conservative management prior to the request for an orthopedic consultation. As the medical necessity has not been established, the request is not medically appropriate.