MAXIMUS Federal Services

Case Number:	CM15-0044921		
Date Assigned:	03/17/2015	Date of Injury:	11/16/2012
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/10/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female sustained a work related injury on 11/16/2012. According to a progress report dated 01/06/2015, subjective complaints included cervical and lumbar, right shoulder pain and loss of range of motion and bilateral wrist pain, spasm and numbness. Diagnoses included cervical sprain/strain, lumbar sprain/strain, sciatica, lumbar spine IVD displacement, shoulder sprain/strain, disorder of bursae and tendons, anxiety syndrome and depression. The provider noted that the injured worker was to remain off work until 02/30/2015. Treatment plan include physical therapy, acupuncture, MRI right shoulder and MRI lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, a pain management consultation is appropriate as the worker continues to have chronic pain affecting multiple body parts, include the wrist, years after the initial date of injury. The fact that an orthopedic consultation is taking place would not obviate the need for pain management consultation. Therefore the request is medically necessary.

Physical therapy and acupuncture left wrist (unspecified frequency and duration: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: This request is a compound request of acupuncture and physical therapy, which is not appropriate. Each individual request should be considered separately with a duration and number of visits assigned to each discipline. With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the documentation indicates the patient has undergone 12 session of PT without clear functional benefit. Therefore, the request for additional physical therapy as originally requested is not medically necessary. Simultaneously, the request has a request for acupuncture which is not necessary since it assigned as part of the same request.