

Case Number:	CM15-0082513		
Date Assigned:	05/06/2015	Date of Injury:	06/28/2010
Decision Date:	09/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 6/28/2010, as a result of continuous trauma. The injured worker was diagnosed as having status post cervical spinal surgery, lumbar disc protrusion, lumbar stenosis, status post right shoulder surgery, left shoulder sprain/strain, right wrist tenosynovitis, right carpal tunnel syndrome, status post left wrist surgery, sleep disturbance, psych component, right trigger finger, and internal diagnosis. Treatment to date has included diagnostics, right shoulder surgery 12/2013, right knee surgery in 2007, cervical spinal surgery on 2/05/2014, left carpal tunnel release 7/15/2014, physical therapy and medications. The PR2 dated 8/12/2014, noted complaints of frequent and severe neck pain and tingling, severe and constant low back pain with numbness and tingling to the left buttock and bilateral knees, severe and intermittent right shoulder pain, constant and moderate left wrist pain with radiation and numbness to the left forearm, moderate and constant right wrist pain with radiation to the forearm, sleep loss due to pain, and depression, irritability and anxiety. Medication use was not noted. The treatment plan included post-surgical rehabilitation physical therapy, follow-up with orthopedics, orthopedic surgeon, urology, neurosurgeon, internist, and psychologist. A progress report, dated 8/25/2014, noted a recommendation for urology consult secondary to sexual dysfunction and dysuria. On 10/08/2014, the PR2 report, noted recommendation for aquatic therapy of the right shoulder. Neurosurgical re-evaluation (10/23/2014) was submitted. An Agreed Medical Examination (10/27/2014) noted that right hand surgery scheduled for 11/19/2014. An internal medicine evaluation (11/01/2014) was submitted, noting pre-operative examination for right carpal tunnel release. Past medical history

was documented as negative, except for diagnosis of hypertension (five months prior), controlled with Lisinopril. A current progress note with discussion for the current requested aquatic therapy for the cervical spine, follow-up with orthopedics, orthopedic surgeon, neurosurgeon, internist, psychologist, urology consult, and post-operative rehabilitation x12 for the right wrist was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (no frequency/duration) for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments can be utilized for the management of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and behavior modifications has failed. The guidelines recommend that patient proceed to a Home Exercise Program (HEP) upon completion of supervised physical treatments. Aquatic therapy was noted to be an exercise option for patients who cannot tolerate the effect of gravity on land-based exercise. The records indicate that the patient had previously completed Physical Therapy (PT) and post-operative rehabilitation exercise programs. The criteria for aquatic therapy to the cervical spine was not met; the request is not medically necessary.

Follow up with ortho: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7, and page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87, 89, 91-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for Expert evaluation and treatment when the diagnoses are too complex, in the presence of significant psychosomatic disorders and when additional expertise treatment is necessary for the management of a complex condition. The records indicate that the patient had previously been evaluated and treated by multiple specialists including Orthopedic, Neurosurgeon, Internist and Physical Medicine. The patient had completed several surgical procedures, PT and medications managements. There is documentation of significant symptomatic psychosomatic disorders. The guidelines noted that patients with uncontrolled psychosomatic disorders report decreased efficacy to pain management treatment modalities including medications, injections and surgeries. The criteria for the follow up with orthopedic

was not met and the request is not medically necessary.

Follow up with ortho surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7, and page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87, 89, 91-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for Expert evaluation and treatment when the diagnoses are too complex, in the presence of significant psychosomatic disorders and when additional expertise treatment is necessary for the management of a complex condition. The records indicate that the patient had previously been evaluated and treated by multiple specialists including Orthopedic, Neurosurgeon, Internist and Physical Medicine. The patient had completed several surgical procedures, PT and medications managements. There is documentation of significant symptomatic psychosomatic disorders. The guidelines noted that patients with uncontrolled psychosomatic disorders report decreased efficacy to pain management treatment modalities including medications, injections and surgeries. The criteria for the follow up with orthopedic surgeon was not met; the request is not medically necessary.

Follow up with neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7, and page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87, 89, 91-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for Expert evaluation and treatment when the diagnoses are too complex, in the presence of significant psychosomatic disorders and when additional expertise treatment is necessary for the management of a complex condition. The records indicate that the patient had previously been evaluated and treated by multiple specialists including Orthopedic, Neurosurgeon, Internist and Physical Medicine. The patient had completed several surgical procedures, PT and medications managements. There is documentation of significant symptomatic psychosomatic disorders. The guidelines noted that patients with uncontrolled psychosomatic disorders report decreased efficacy to pain management treatment modalities including medications, injections and surgeries. There is no documentation of recent MRI findings that require further

neurosurgery. The criteria for the follow up with neurosurgeon was not met; the request is not medically necessary.

Follow up with internist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7, and page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87, 89, 91-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for Expert evaluation and treatment when the diagnoses are too complex, in the presence of significant psychosomatic disorders and when additional expertise treatment is necessary for the management of a complex condition. The records indicate that the patient had previously been evaluated and treated by multiple specialists including Orthopedic, Neurosurgeon, Internist and Physical Medicine. The patient had completed several surgical procedures, PT and medications managements. There is documentation of significant symptomatic psychosomatic disorders. The records indicate that the blood pressure is controlled with lisinopril. There were no other significant medical conditions listed. The criteria for the follow up with internist was not met; the request is not medically necessary.

Follow up with psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7, and page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for expert evaluation and treatment when the diagnoses are too complex, in the presence of significant psychosomatic disorders and when additional expertise treatment is necessary for the management of a complex condition. The records indicate that the patient had previously been evaluated and treated by multiple specialists including Orthopedic, Neurosurgeon, Internist and Physical Medicine. The patient had completed several surgical procedures, PT and medications managements. There is documentation of significant symptomatic psychosomatic disorders. The guidelines noted that patients with uncontrolled psychosomatic disorders report decreased efficacy to pain management treatment modalities including medications, injections and surgeries. The criteria for the follow up with psychologist was met; the request is medically necessary.

Urologist consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7, and page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Conditions.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for expert evaluation and treatment when the diagnoses are too complex, in the presence of significant psychosomatic disorders and when additional expertise treatment is necessary for the management of a complex condition. The records indicate that the patient had previously been evaluated and treated by multiple specialists including Orthopedic, Neurosurgeon, Internist and Physical Medicine. The patient had completed several surgical procedures, PT and medications managements. There is documentation of significant symptomatic psychosomatic disorders. The guidelines noted that patients with uncontrolled psychosomatic disorders report decreased efficacy to pain management treatment modalities including medications, injections and surgeries. There is no detail documentation of specific urological condition that requires further treatment by a Urologist. The criteria for the follow up with urologist was not met; therefore, the request is not medically necessary.

12 additional post op rehab for right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Upper Extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments can be utilized for the management of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and behavior modifications has failed. The guidelines recommend that patient proceed to a Home Exercise Program (HEP) upon completion of supervised physical treatments. Aquatic therapy was noted to be an exercise option for patients who cannot tolerate the effect of gravity on land-based exercise. The records indicate that the patient had previously completed physical therapy (PT) and post-operative rehabilitation exercise programs. The criteria for 12 additional post op rehab for right wrist was not met. Therefore, the request is not medically necessary.