

Case Number:	CM15-0089064		
Date Assigned:	05/13/2015	Date of Injury:	11/01/2008
Decision Date:	07/07/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 62 year old female who sustained an industrial injury on 11/01/2008. She has reported injury to the neck, bilateral wrists, and low back. The diagnoses have included cervical spine strain, left carpal tunnel syndrome, lumbar spine disc bulges, status post right carpal tunnel release on 01/22/2014, depression, and anxiety. Additional medical history includes hypertension, asthma, and diabetes. Treatment and evaluation to date has included medications, diagnostics, bracing, cane, physical therapy, individual psychotherapy, and surgical intervention. Medications have included Anaprox, Ultram, Ibuprofen, and Prilosec. A progress noted from a hand surgeon on 12/8/14 notes that the injured worker has left carpal tunnel syndrome and that she does not want to undergo a left carpal tunnel release. A psychiatric evaluation on 12/19/14 noted that the injured worker had depression and anxiety, that she has been receiving monthly individual psychotherapy by a psychologist and that she was taking fluoxetine; temazepam was added for insomnia and follow-up for psychopharmacological management was planned. Progress note from the pain management physician from 3/13/15 notes a plan to stop ultram and start ibuprofen. A progress note from the primary treating physician, dated 03/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the neck, lower back, right wrist/hand, left wrist/hand, right knee, and left knee; right wrist has gotten worse since her surgery; therapy provides relief; experiences a sharp pain in her right wrist/forearm and she has difficulty holding with the wrist or turning/opening bottles; numbness and tingling in the right forearm; and she feels a sensation in the palm of her hand and has to keep her hand in a fist for relief. Objective findings included

diminished light touch sensation to the right dorsal thumb web, right long tip, and right small tip; she presented with single-point cane with worn stopper. The treatment plan has included the request for initial orthopedic consultation (right/left wrist), physical therapy 2 times per week for 6 weeks (cervical spine, right/left wrists), psyche consultation, initial general surgeon consult regarding lapband, and pain medicine follow-up. Work status was noted as off work. On 4/10/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, ODG, and additional medical literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial orthopedic consultation (right/left wrist): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The ACOEM states that referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modifications, and have a clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. This injured worker has a diagnosis of bilateral carpal tunnel syndrome with history of right carpal tunnel release. A recent progress note from the primary treating orthopedist noted bilateral wrist and hand pain with worsening right wrist pain since the prior right wrist surgery, with some relief with physical therapy. At a visit with an orthopedic hand specialist in December 2014, the injured worker reported that she did not want to undergo left carpal tunnel release. The current request is for an orthopedic consultation for the right and left wrist. There is no documentation of intent for treatment that is outside of the scope of routine treatment provided by the primary treating physician (who is also an orthopedic surgeon). There was no documentation of red flag conditions, failure of conservative therapy, or of special study evidence of a lesion shown to benefit from surgical intervention. The injured worker has already undergone right wrist surgery and has declined left wrist surgery. Due to lack of specific indication, the request for initial orthopedic consultation (right/left wrist) is not medically necessary.

Physical therapy 2 times per week for 6 weeks (cervical/lumbar spine, right/left wrists): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG, Low Back Chapter; Neck and Upper Back Chapter; Wrist, Forearm, & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the injured worker has chronic neck, back, and wrist pain. The documentation indicates that the injured worker has undergone some physical therapy for the right wrist, but no therapy notes were submitted and the number of sessions previously attended was not specified. There was no documentation of functional improvement as a result of prior physical therapy. The number of sessions requested (12) is in excess of the guideline recommendation for a maximum of 10 visits. As such, the request for Physical therapy 2 times per week for 6 weeks (cervical/lumbar spine, right/left wrists) is not medically necessary.

Psyche consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation ODG, Stress and Mental Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 401-402.

Decision rationale: The ACOEM states that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions such as mild depression be referred to a specialist after symptoms continue for more than six to eight weeks. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. In this case, the injured worker has a diagnosis of depression. She underwent psychiatric evaluation in December 2014 with medication adjustment. It was also noted that she was undergoing individual psychotherapy on a monthly basis. The Utilization Review determination states that the injured worker last saw the psychiatrist the prior week, and as such, there was no documentation of a rationale identifying the medical necessity of the current request. The primary treating physician has noted request for follow-up with the psychiatrist in May 2015. As the injured worker has current diagnoses of anxiety and depression, for which she is being treated with medication by the psychiatrist, a visit for ongoing medication management is medically necessary. As such, the request for psyche consultation is medically necessary.

Initial general surgeon consult regarding lapband: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons (<http://www.lapsurgery.com/BARIATRIC%20SURGERY/SAGES.htm>); (<http://www.asbs.org/html/ration.html#RATIONALE>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Obesity in adults: Overview of management. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a weight loss program is contingent upon more than just the presence of obesity. Per the UpToDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. For patients with a body mass index (BMI) greater than or equal to 40 who have failed to lose weight with diet, exercise, and drug therapy, bariatric surgery is recommended. Individuals with BMI greater than or equal to 35 with obesity related comorbidities who have failed diet, exercise, and drug therapy are also potential surgical candidates. The treating physician has not provided information regarding this injured worker's past and current weight and body mass index, or any prior treatment for obesity. Due to lack of documentation of specific indication, the request for initial general surgeon consult regarding lapband is not medically necessary.

Pain medicine follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. In this case, the injured worker has chronic multifocal pain, and the primary treating physician is an orthopedic surgeon. The injured worker is also being treated by a pain management physician with medications, with documentation of recent medication change, which included discontinuation of ultram and initiation of ibuprofen. There is no documentation of intent for treatment that is outside of the scope of routine treatment provided by the primary treating physician. The current request for pain medicine follow up is for an unspecified number of visits. Due to lack of specific indication, and insufficiently specific prescription lacking a stated number of follow up visits, the request for pain medicine follow up is not medically necessary.