

Case Number:	CM14-0114531		
Date Assigned:	08/04/2014	Date of Injury:	05/27/2010
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old female with a date of injury on 05/27/2010. Cervical MRI was normal on 04/05/2011. She had degenerative changes on lumbar MRI on 02/10/2011. On 04/03/2012 EMG/NCS revealed bilateral carpal tunnel syndrome. There was no cervical radiculopathy. It was noted that she had abdominal pain on a form dated 07/17/2017 that was stamped received on 07/21/2014. On 01/08/2014 she complained of bilateral numbness and tingling of both hands, wrists and forearms. She had back pain, shoulder pain, elbow pain, wrist pain and right ankle and foot pain. On 05/15/2014 it was noted that she had back, neck, bilateral shoulder, left arm, left elbow, left forearm, left wrist, left hand, right wrist, right ankle and right foot pain. On 06/16/2014 it was noted that Donnatoil twice a day for abdominal cramps were prescribed. The listed diagnoses were neck strain, back strain, bilateral carpal tunnel syndrome, right ankle and foot strain, abdominal pain and irritable bowel syndrome. Consultations and physical therapy were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 8, 9, 12. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: From 05/27/2010 to the request for treatment in 2014, there is a large gap in the information about the history, examination, treatment and response to treatment. MTUS ACOEM chapter 2, initial approach and assessment document the medical necessity of a complete medical history, examination and full assessment. The documentation provided fails to disclose the mechanism of injury, the body parts injured, and the initial first four years of treatment, testing, evaluation and response to treatment. Based on the documentation provided, it is unclear what treatment was requested in 2014 and what has already been provided. Consultation for pain management and other consultations were requested. Physical therapy was requested. There is no documentation of carpal tunnel release surgery for her bilateral carpal tunnel syndrome. It is unclear if her abdominal pain is part of the requested treatment. Based on MTUS ACOEM guidelines and ODG, all of the physical therapy visits for neck strain, lumbar strain, carpal tunnel syndrome and thoracic strain would have been completed within the first 4 years of the injury. There is insufficient documentation to substantiate the medical necessity of any treatment based on the documentation provided and MTUS guidelines. It's not even clear what treatment is requested and what treatment has already been provided. Therefore, this request is not medically necessary.