MAXIMUS Federal Services

Case Number:	CM14-0162386		
Date Assigned:	10/07/2014	Date of Injury:	03/28/2013
Decision Date:	11/12/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 Allergy and Immunology and is licensed to practice in Florida. 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 injured worker is a 70-year-old female who reported an injury on 03/28/2013 due to an unknown mechanism. Diagnoses were degeneration of lumbar or lumbosacral intervertebral disc, and lesion of ulnar nerve. Physical examination dated 09/18/2014 revealed complaints of aching and soreness, as well as weakness and instability to both arms. On a scale from 1 to 10, ten being the worst, the injured worker stated her pain level was 5/10. Examination revealed instability and limited range of motion. It was reported that physical therapy seemed to be helping, though she was almost out of visits. X-rays taken of the bilateral elbows (3 views) and bilateral forearms (2 views) revealed no progression of degenerative changes. X-rays of the bilateral wrists revealed mild carpometacarpal joint osteoarthritis. The X-rays of the cervical spine revealed loss of cervical lordosis and X-rays of the thoracic spine and lumbar spine revealed degenerative disc disease at the L5-S1 level. Treatment plan was for additional physical therapy to regain strengthening, dynamic stability, and to help reduce the injured worker's pain to a more manageable level. Medications were hydrocodone/APAP, orphenadrine, diclofenac, and pantoprazole. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Cervical 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The decision for physical therapy to the cervical three times four is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing of soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. The injured worker is expected to have transitioned to a home exercise program. The reasons why a home exercise program could not be continued for further gains were not reported. The clinical information submitted for review does not provide evidence to justify physical therapy to the cervical three times four; therefore, this request is not medically necessary.

Physical Therapy Lumbar Spine 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The decision for physical therapy to the lumbar spine three times four is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing of soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. The injured worker is expected to have transitioned to a home exercise program. The reasons why a home exercise program could not be continued for further gains were not reported. The clinical information submitted for review does not provide evidence to justify physical therapy to the lumbar spine three times four; therefore, this request is not medically necessary.

Physical Therapy Bilateral Elbow 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

Decision rationale: The decision for physical therapy to the bilateral elbows three times four is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing of soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. The injured worker is expected to have transitioned to a home exercise program. The reasons why a home exercise program could not be continued for further gains were not reported. The clinical information submitted for review does not provide evidence to justify physical therapy to the bilateral elbows three times four; therefore, this request is not medically necessary.

Physical Therapy Bilateral Wrists 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The decision for physical therapy to the bilateral wrists 3 x4 is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing of soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. The injured worker is expected to have transitioned to a home exercise program. The reasons why a home exercise program could not be continued for further gains were not reported. The clinical information submitted for review does not provide evidence to justify physical therapy to the bilateral wrists 3 x4; therefore, this request is not medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The decision for urine toxicology screening is not medically necessary. The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not reported that the injured worker was having aberrant drug taking behavior. There were no reports of drug abuse, addiction, or poor pain control. The clinical information submitted for review does not provide evidence to justify a urine toxicology screening. Therefore, this request is not medically necessary.