

Case Number:	CM14-0164112		
Date Assigned:	10/08/2014	Date of Injury:	10/06/2012
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a male patient with a date of injury of October 6, 2012. A utilization review determination dated September 24, 2014 recommends non-certification of an outpatient physical therapy rehab [REDACTED] day treatment PT, OT, ST, NP 6 hours a day, transportation to rehab, and an interpreter. A progress note dated September 16, 2014 identifies subjective complaints of 50% benefit following a left wrist injection, and the patient continues to complain of left shoulder pain with a pain rating of a 7/10. Physical examination identifies tenderness of left shoulder AC joint and positive cross arm test. The left wrist has decreased range of motion, positive Tinel's sign, and positive Phalen's sign. The diagnoses include status post fusion C5-T2, left knee OA, left knee Baker's cyst, status post right knee arthroscopy, lumbar sprain/strain, history of head trauma/LOC/PTHA, left shoulder sprain/strain with impingement, and left moderate carpal tunnel syndrome. The treatment plan recommends a surgical consultation for the left shoulder, a request for interferential unit, continuation of home exercise, and continuation of medications. A progress note from the [REDACTED] dated September 10, 2014 identifies that the patient is still an at-risk patient because of a history of polysubstance abuse in the past although the patient has remained sober and is remaining drug-free. The patient still has posttraumatic headaches but is mostly complaining of right knee pain. The patient uses a cane; he has locking, popping, clicking, intermittent swelling, and continued pain. Physical examination identifies that the right knee has increased warmth and there is medial joint line tenderness. The treatment plan recommends an MRI of the right knee to reevaluate the current knee symptomology, Ritalin 10 mg every morning, and change Depakote Topamax due to weight gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy rehab in [REDACTED] day treatment PT, OT ST, NP- 6 hours a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49.

Decision rationale: Regarding the request for an outpatient physical therapy rehab [REDACTED] day treatment PT, OT, ST, NP- 6hrs, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. In the absence of clarity regarding the above issues, the currently requested outpatient physical therapy rehab [REDACTED] day treatment PT, OT, ST, NP- 6hrs is not medically necessary.

Transportation to Rehab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers Compensaton

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Coverage of Ambulance, page 6
Serviceshttps://www.medicare.gov/Pubs/pdf/11021.pdf

Decision rationale: Regarding the request for transportation to rehab, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other

forms of private and/or public conveyance are contraindicated. Furthermore, the request for the rehab has been denied making the need for transportation unnecessary. In light of the above issues, the currently requested transportation to rehab is not medically necessary.

Interpreter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Coverage of Ambulance, page 6
Services<https://www.medicare.gov/Pubs/pdf/11021.pdf>

Decision rationale: Regarding the request for an interpreter, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. The request for the rehab and the transportation to the rehab has been denied, making the need for an interpreter unnecessary. In light of the above issues, the currently requested interpreter is not medically necessary.