MAXIMUS Federal Services

Case Number:	CM14-0158638		
Date Assigned:	10/02/2014	Date of Injury:	02/21/2001
Decision Date:	01/02/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation 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:

The injured worker has a date of injury of 2/21/01. He is being treated for multiple lumbar disc herniations, lumbar facet arthropathy and lumbar radiculopathy. The patient reports neck pain, right elbow pain, low back pain radiating to the bilateral lower extremities and impaired sleep.Findings on physical examination reveal tenderness of the right elbow and shoulder. There is impaired lumbar range of motion with bilateral paraspinal tenderness. There is no examination findings reported on the knees. Reported neurologic examination was normal. For sexual dysfunction, treatment plan was a trial of Viagra. On 8/29/14 requests were made for lumbar epidural steroid injection, ongoing care with [redacted], urology follow-ups, general orthopedic consultation for the left knee and a prescription for Hydrocodone 5 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown ongoing care with [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253.

Decision rationale: The records indicate that the patient is diagnosed with right epicondylitis and radial tunnel syndrome. Most recent treatment recommendations as rendered by [redacted] are for occupational therapy and corticosteroid injections. A request was made for orthopedic consultation secondary to left knee issues which are not adequately described in the documentation. With regards to forearm complaints, no red flags are documented in the records. MTUS guidelines indicate that in the absence of red flags, an occupational or primary care provider can safely manage work-related pain issues. In addition, no surgical intervention or additional diagnostic workup is planned. Therefore, this request is not medically necessary.

Unknown urology follow-ups: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape, assessment and diagnosis of erectile dysfunction

Decision rationale: The records indicate that the patient is diagnosed with right epicondylitis and radial tunnel syndrome. The injured worker has also been diagnosed with sexual dysfunction secondary to multiple factors. For this, the patient was started on Viagra 100 mg by a consulting urologist. Provided citation recommends a multi-disciplinary approach whenever necessary to diagnose erectile dysfunction. The records indicate the possibility of neurologic versus trauma or injury resulting in sexual dysfunction in this injured worker. Multiple urologic recommendations have been provided. As such, ongoing urologic follow-up is indicated. Therefore, this request is medically necessary.

One (1) general orthopedic consultation for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329.

Decision rationale: The records indicate that the patient is diagnosed with right epicondylitis, radial tunnel syndrome and lumbar radiculopathy. Complaints include stabbing low back pain with intermittent numbness in the left thigh and bilateral feet. Based on the diagnosis of lumbar radiculopathy with bilateral lower extremity complaints, request is made for orthopedic consultation secondary to left knee issues. The records do not indicate potential for fracture, dislocation or other potentially serious knee conditions. MTUS guidelines indicate that in the absence of red flags, work-related knee complaints can be managed safely and effectively by occupational or primary care providers. Therefore, the request for orthopedic consultation with regards to the left knee is not medically necessary.

Hydrocodone/APAP 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The records indicate that the patient is diagnosed with right epicondylitis, radial tunnel syndrome and lumbar radiculopathy. The records also indicate that the patient has completed 24 physical therapy sessions and is currently receiving Norco 5/325 which decreases his pain and improves his daily functioning. Pain level is reported to be 6-7/10 without pain medication and 3/10 with pain medication. The records sufficiently support the patient has improved function and pain. Therefore, the request for Hydrocodone/APAP 5/325mg #90 is medically necessary.