

Case Number:	CM14-0170379		
Date Assigned:	10/20/2014	Date of Injury:	11/28/2000
Decision Date:	09/21/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 56 year old male who reported an industrial injury on 11-28-2000. His diagnoses, and or impression, were noted to include: cervical spine stenosis; thoracic sprain-strain; right shoulder partial rotator cuff tear; left shoulder tendinitis; bilateral carpal tunnel syndrome; and adjustment disorder. No current imaging studies were noted. His treatments were noted to include: diagnostic studies; physical therapy; and medication management. The progress notes of 7-1-2014 reported complaints which included: constant, moderate bilateral shoulder and wrist-hand pain; that topical medications increased his sleep and activities, and decreased his pain; and that he requested discontinuing physical therapy because it increased his pain. Objective findings were noted to include: cervical spasms with decreased range-of-motion; decreased bilateral shoulder range-of-motion; decreased bilateral wrist range-of-motion; and decreased thoracic range-of-motion. The physician's requests for treatments were noted to include consultations with psychology for adjustment disorder, an orthopedic surgeon for the left shoulder and left hand. The Utilization Review also notes requested treatments to include a neurology consultation for memory loss, and a pain management specialist follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation with pain management specialist (cervical/thoracic/bilateral shoulders): 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), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

Decision rationale: The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. The requesting provider does not document anything that indicates there is need for follow up with pain management. The injured worker's complaints include constant, moderate bilateral shoulder and wrist-hand pain. He states that topical medications increased his sleep and activities, and decreased his pain. He requested discontinuing physical therapy because it increased his pain. The injured worker was not reported to be prescribed opioids for pain control. Physical exam and subjective complaints do not identify any additional dysfunction that would benefit from additional physical therapy, acupuncture or injections. The request for follow-up evaluation with pain management specialist (cervical/thoracic/bilateral shoulders) is determined to not be medically necessary.

Consultation with a psychologist (adjustment disorder): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, a prior review approved a request for consult with a psychologist on 06/03/14. It is not clear from the available documentation why there was an additional request during the same time frame. Also, it is unclear if the injured worker attended the requested visit and what the outcomes of the visit were. The request for consultation with a psychologist (adjustment disorder) is determined to not be medically necessary.

Consultation with an orthopedic surgeon (left hand): 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), Forearm, Wrist & Hand Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, a prior review approved a request for consult with an orthopedic surgeon on 06/03/14. It is not clear from the available documentation why there was an additional request during the same time frame. Also, it is unclear if the injured worker attended the requested visit and what the outcomes of the visit were. The request for consultation with a an orthopedic surgeon (left hand) is determined to not be medically necessary.

Consultation with a neurologist (memory loss): 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), Head Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, a prior review approved a request for consult with a neurologist on 08/21/14. It is not clear from the available documentation why there was an additional request during the same time frame. Also, it is unclear if the injured worker attended the requested visit and what the outcomes of the visit were. The request for consultation with a an neurologist (memory loss) is determined to not be medically necessary.