MAXIMUS Federal Services

Case Number:	CM14-0216039		
Date Assigned:	01/06/2015	Date of Injury:	04/18/2013
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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: Physical Medicine & Rehabilitation

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 61 year old female with an injury date of 04/18/13. Based on the 08/13/14 progress report, the patient complains of pain in her right elbow and right/left wrist/hand. The 09/11/14 report indicates that the patient has right elbow tenderness. The 09/24/14 report does not provide any additional information. The patient's diagnoses include the following: 1.Right elbow internal derangement. 2.Right/left carpal tunnel syndrome. 3.Right/left wrist internal derangement. The utilization review determination being challenged is dated 11/21/14. Treatment reports are provided from 04/30/14- 12/17/14. Reports are hand-written and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks: Upheld

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

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

Decision rationale: The patient presents with pain in her right elbow and right/left wrist/hand as well as right elbow tenderness. The request is for PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS. MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended.The utilization review denial letter states that the patient has had physical therapy previously without any significant benefit documented. However, there is no indication of how many sessions the patient had or when the patient had these sessions. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested 12 sessions of physical therapy exceeds what is allowed by MTUS Guidelines. The requested physical therapy IS NOT medically necessary.

Pain medicine follow up with [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter- Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Second Edition (2004) follow up

Decision rationale: The patient presents with pain in her right elbow and right/left wrist/hand as well as right elbow tenderness. The request is for PAIN MEDICINE FOLLOW UP WITH [redacted].ACOEM Practice Guidelines, Second Edition (2004), page 127, has the following, Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient has pain in her right elbow and right/left wrist/hand. The reason for the request is not provided and there is no list of medications the patient is currently taking. It is unknown why the treater is requesting for a pain medicine follow-up. Therefore, the requested follow up visit IS NOT medically necessary.

Orthopedist consult- initial with [redacted] for right elbow and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Second Edition (2004), consult

Decision rationale: The patient presents with pain in her right elbow and right/left wrist/hand as well as right elbow tenderness. The request is for an ORTHOPEDIST CONSULT- INITIAL WITH [redacted] FOR RIGHT ELBOW AND BILATERAL WRISTS. ACOEM

Practice Guidelines Second Edition (2004), page 127 has the following, Occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater does not provide a reason for the request. Unfortunately, none of the reports provided contained any information indicating a need for such as a consult. Therefore, the requested orthopedist consult IS NOT medically necessary.

Ergonomic work station: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm Wrist & Hand CHapter, Ergonomic Interventions

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, and Hand chapter, Ergonomics

Decision rationale: The patient presents with pain in her right elbow and right/left wrist/hand as well as right elbow tenderness. The request is for an ERGONOMIC WORK STATION. ODG Guidelines Chapter on Forearm, Wrist, and Hand regarding the Ergonomics section state the following: Under study. Using a computer keyboard with the forearms unsupported has been proposed as a causal factor for arm/hand diagnoses. For the majority of users, forearm support may be preferable to the "floating" posture in computer workstation setup. An inverse relationship was found between level of job routinization and hand lacerations, with progressively higher rates of hand lacerations occurring among workers assigned to less routine (more variable) work patterns. (Bell, 2003) Symptoms in the wrist-hand region were predicted by stress symptoms and twisting or bending. Physical exposures at work influence the development of musculoskeletal symptoms in the neck-shoulder and wrist-hand regions. However, the results also suggest that a psychosocial exposure (social support) and perceived stress symptoms influence musculoskeletal symptoms. The reason for the request is not provided. In this case, the utilization review letter states that the patient was authorized an ergonomic evaluation on 10/16/14. However, this evaluation is not provided. There is no job description provided for this patient. The requested ergonomic work station IS NOT medically necessary.