MAXIMUS Federal Services

Case Number:	CM14-0087494		
Date Assigned:	07/23/2014	Date of Injury:	12/12/2013
Decision Date:	07/01/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 injured worker (IW) is a 51-year-old male who sustained an industrial injury on 12/12/2013. The worker fell approximately 11 feet from a ladder with a sheet of drywall while on a construction job. He reported pain in his left palmar wrist, neck pain; mid and lower back pain, and left shoulder pain as well as weakness and giving way of the left leg. He said his left leg weakness felts like it came from his back, extended to the left knee and down to the left foot. His leg does give way from time to time when walking. He reported mild pain on the outer side of his left elbow. He had left chest pain especially with deep coughing and he felt some of the left sided shoulder pain was probably extending from the left side of the neck. The injured worker was diagnosed as having broken ribs #7, 8, and 9; left wrist sprain/strain with soft tissue contusion, rule out fracture; left elbow sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain with radiating symptoms to the left upper extremity and left lower extremity respectively. No other fractures were noted. Treatment to date has included chiropractic treatment with physiotherapy and myofascial release with functional restoration program, medications, and acupuncture. Currently, the injured worker has multiple somatic complaints including constant dull upper back pain moderate to occasionally severe radiating to mid back without numbness and tingling. He also has intermittent stabbing pain in the low back with radicular pain to the bilateral hips and buttocks without numbness and tingling. He complains of left chest pain, left arm, elbow and wrist pain which respond to pressure, and reports persistent depression. He complains of abdominal pain in the left lower quadrant, and limited cervical range of motion secondary to pain. Requests for authorization are made for the following: Pain

management consultation; Ultrasound of the abdomen with Valsalva; Psychological consultation; Six session of chiropractic manipulation with physiotherapy, myofascial release, and functional restoration program; 12 sessions of acupuncture; Pantoprazole 20 mg #30 with two refills; Computerized range of motion and muscle test; Computed tomography scan of the chest and ribs; Orthopedic consultation; and a Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion and Muscle Test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under the low back chapter regarding range of motion does discuss flexibility.

Decision rationale: The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or strength test. However, ODG Guidelines under the low back chapter regarding range of motion does discuss flexibility. The ODG Guidelines states that it is not recommended as the primary criteria, but should be part of a routine musculoskeletal evaluation. The reason for the request is not provided. The 05/09/14 report states that the patient has a limited range of motion of the wrists/hands, thoracolumbar spine, and cervical spine. The patient is diagnosed with broken ribs (#7, 8, and 9), left wrist sprain/strain with soft tissue contusion (rule out fracture), left elbow sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain with radiating symptoms to the left upper extremity and left lower extremity respectively. ODG Guidelines considers examination such as range of motion part of a routine musculoskeletal evaluation, and the treating physician does not explain why a computerized range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. Therefore, the request is not medically necessary.

Computed Tomography Scan of the Chest and Ribs: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (www.acr.org); Journal Trauma. 2008 Apr; 64(4):905-11.

Decision rationale: Regarding CT of chest, the American College of Radiology supports it for evaluation of abnormalities discovered on chest images, evaluation of blunt and penetrating trauma, for evaluation of the chest wall, among other indications. The Journal Trauma April

2008 issue indicates that screening chest X-rays can miss rib fractures more than 50% of the time and that a CT scan of the chest is supported for trauma. The reason for the request is not provided but the patient has tenderness to palpation of the left lateral ribs. He is diagnosed with broken ribs (#7, 8, and 9), left wrist sprain/strain with soft tissue contusion (rule out fracture), left elbow sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain with radiating symptoms to the left upper extremity and left lower extremity respectively. Given the patient's persistent pain with broken ribs on X-ray, further evaluation of the chest wall with a CT scan would appear medically reasonable. Therefore, the request is medically necessary.

Orthopedic Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM Practice Guidelines states that occupational health practitioner may refer 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. The patient has tenderness to palpation of the left lateral ribs, tenderness to palpation with spasm of the cervical paraspinals and upper trapezius muscles bilaterally, tenderness to palpation of the C7 spinous process, a limited cervical spine range of motion, tenderness to palpation with spasm of the thoracolumbar paraspinals, tenderness to palpation of the bilateral sacroiliacs, a limited thoracolumbar spine range of motion, tenderness to palpation of the left wrist joint, and a limited wrist range of motion. The patient is diagnosed with broken ribs (#7, 8, and 9), left wrist sprain/strain with soft tissue contusion (rule out fracture), left elbow sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain with radiating symptoms to the left upper extremity and left lower extremity respectively. The treating physician is requesting for an orthopedic consultation for the left wrist, cervical spine, and lumbar spine for possible injections and further treatment recommendations. Given the patient's chronic pain, a second opinion appears medically reasonable. Therefore, the request is medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances page 33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The 05/09/14 report states that the patient is taking Pantoprazole. The patient already had a urine drug screen conducted on 03/14/14, 04/11/14, and 05/14/14 which displayed that the patient was compliant with the prescribed medications. The treating physician does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, the treating physician has not documented that the patient is a high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. Therefore, the request is not medically necessary.