

Case Number:	CM15-0110072		
Date Assigned:	06/16/2015	Date of Injury:	11/11/2010
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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 is a 51 year old female, who sustained an industrial injury on 11/11/2010. She reported cumulative trauma injuries to her bilateral shoulders, elbows, wrists, and thumbs/fingers. Diagnoses have included cervical spine disc protrusion, bilateral carpal tunnel syndrome status post surgical release, full thickness tear of the distal right supraspinatus tendon, tendinosis of the right subscapularis tendon, left shoulder rotator cuff tendinitis and/or impingement clinically, right elbow lateral epicondylitis clinically and left elbow pain. Treatment to date has included therapy, massage, a transcutaneous electrical nerve stimulation (TENS) unit, surgery and medication. According to the progress report dated 5/18/2015, the injured worker complained of severe pain in her right shoulder rated 8-9/10 that radiated proximally to her shoulder blades, neck and triceps region. She complained of left shoulder pain rated 7/10 radiating proximally to her neck, shoulder blades and triceps region. She complained of right elbow pain rated 8/10 and left elbow pain rated 5/10. She also complained of severe pain in her right wrist rated 9/10 and moderate pain in her left wrist rated 5/10. She complained of pain in her right thumb/fingers rated 9/10 and pain in her left thumb/fingers rated 4/10. Authorization was requested for a hepatic panel, chiropractic treatment three times a week for four weeks for right elbow pain and physical therapy three times a week for four weeks for right elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs; Hepatic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained for this chronic injury. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The Labs; Hepatic panel is not medically necessary and appropriate.

Chiropractic therapy 3 x 4 for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic therapy 3 x 4 for right elbow is not medically necessary and appropriate.

Physical therapy 3 x 4 for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 3 x 4 for right elbow is not medically necessary and appropriate.