

Case Number:	CM15-0113749		
Date Assigned:	06/22/2015	Date of Injury:	12/03/2014
Decision Date:	09/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 51 year old female who sustained an industrial injury on 12/03/2014. Mechanism of injury occurred when she tripped and fell. Diagnoses include status post four month fifth metatarsal shaft fracture, left knee meniscus tear-seen on previous Magnetic Resonance Imaging, right knee synovitis-seen on previous Magnetic Resonance Imaging, and bilateral wrist pain with possible left wrist CRPS. Treatment to date has included diagnostic studies, medications, and physical therapy. The injured worker is temporarily totally disabled. A Magnetic Resonance Imaging of the left knee done on 03/16/2015 showed a tear of the posterior horn of the lateral meniscus, and mild patellofemoral joint space narrowing and mild chondromalacia patella, and small bony contusion in the lateral tibial plateau with mild lateral joint space narrowing. Magnetic Resonance Imaging of the right knee done on 03/16/2015 reveals mild patellofemoral joint space narrowing with mild chondromalacia patella. On 01/21/2015 a Magnetic Resonance Imaging of the left wrist showed a 3-4mm erosions of the proximal lunate and mild ulnar triquetrum with degeneration/focal perforation of the mid triangular fibrocartilage complex. The findings can be seen with degeneration and ulnar abutment. There is ill-defined fluid signal intensity along the volar aspect of the ulnocarpal joint which may reflect ruptured ganglion cyst into the surrounding soft tissues. An x ray done on 04/21/2015 documented there was no interval fracture displacement. A physician progress note dated 04/21/2015 documents the injured worker has multiple musculoskeletal issues. She has noticed some improvement to her left fifth metatarsal fracture-she is ambulating more easily and without pain. She has pain in knees, where she has a known meniscus tear on the left and

synovitis on the right from previous Magnetic Resonance Images. She has bilateral wrist pain, left worse than right. On examination she is minimally tender to palpation at the fracture of the fifth metatarsal. She ambulates independently. Her knees are tender to light touch and with range of motion. She is tender to palpation to both wrists, particularly the left even to light touch where the physician has concern for CRPS. Treatment requested is for Acupuncture for the left wrist, twice a week for four weeks, Arthritis panel, Occupational Therapy for the left wrist, twice a week for four weeks, Office Consultation, Pain Management, and Office Consultation, Pain Management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Consultation, Pain Management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Criteria for the Use of Opioids, Weaning of Medications Page(s): 8, page(s) 76-77, and page 124.

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records indicated the worker was experiencing pain in the left foot that had been improving, both knees, and both wrists. These records did not suggest any of the above situations were occurring. There was no discussion suggesting how this consultation would be helpful or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a consultation in a pain management specialist office is not medically necessary.

Arthritis panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shmerling RH, et al. Evaluation of the adult with polyarticular pain. Topic 1821, version 14.0. UpToDate, accessed 09/18/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. An evaluation for pain in multiple joints should start with a very detailed exploration of the worker's experience with the pain and is followed by a thorough documented examination. Laboratory studies are not always

needed, and can be misleading in some cases, especially if the person has other medical conditions. For example, such testing is not needed if a mechanical problem or a problem originating outside of the joint is found. The submitted and reviewed records indicated the worker was experiencing pain in the left foot that had been improving, both knees, and both wrists. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request did not indicate the specific laboratory blood tests that were needed. For these reasons, the current request for an "arthritis panel" is not medically necessary.

Occupational Therapy for the left wrist, twice a week for four weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical and occupational therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed records indicated the worker was experiencing pain in the left foot that had been improving, both knees, and both wrists. There was no discussion detailing the reasons occupational therapy sessions were required or explaining the expected benefits beyond those expected from the home exercise program. In the absence of such evidence, the current request for eight sessions of occupational therapy done twice weekly for four weeks for the left wrist is not medically necessary.

Acupuncture for the left wrist, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing pain in the left foot that had been improving, both knees, and both wrists. There

was no discussion suggesting a significant issue with pain medication, indicating the worker would have rehabilitation together with this therapy, specifying the goals of this treatment, or describing special circumstances that sufficiently supported this request. There was no discussion suggesting the reason more sessions that are supported by the Guidelines were needed or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for eight acupuncture sessions for the left wrist done twice weekly for four weeks is not medically necessary.

Physical therapy for the left foot and left knee, twice a week for four weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing pain in the left foot that had been improving, both knees, and both wrists. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for eight physical therapy sessions for the left foot and knee done twice weekly for four weeks is not medically necessary.