

Case Number:	CM15-0114935		
Date Assigned:	06/26/2015	Date of Injury:	11/01/2013
Decision Date:	10/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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, Pain Management

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 42-year-old male sustained an industrial injury to the neck, left knee, right hand and bilateral feet on 8/1/06. Recent treatment included physical therapy, acupuncture and medications. In a PR-2 dated 6/9/14, the injured worker complained of neck pain with radiation to the right shoulder, left shoulder pain with stiffness, heaviness, weakness and radiation to the right elbow, left knee pain, bilateral hand pain and bilateral foot pain. The injured worker rated his pain 6-7/10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal with muscle spasms, positive compression and shoulder depression tests and decreased and painful range of motion, left shoulder with decreased and painful range of motion, tenderness to palpation and positive Neer's and Hawkin's tests, right shoulder with decreased and painful range of motion, tenderness to palpation to the trapezius and positive supraspinatus press, left knee with decreased and painful range of motion, tenderness to palpation and positive patellar compression tests and tenderness to palpation to the right hand and bilateral feet. The physician noted that the injured worker had received 18 previous acupuncture sessions. The treatment plan included continuing acupuncture two to three times per week for six weeks, magnetic resonance imaging right shoulder, computed tomography left shoulder, a psychiatry referral. In a PR-2 dated 7/11/14, the injured worker complained of neck pain with radiation to bilateral shoulders associated with weakness, bilateral shoulder pain with weakness, left knee pain, right hand pain and bilateral foot pain. The injured worker rated his pain 6-7/10. Current diagnoses included cervical spine musculoligamentous injury, cervical spine myofasciitis, status post left shoulder surgery, right shoulder sprain/strain, right shoulder impingement, left knee meniscus degeneration, bilateral hand and finger injury, loss of sleep, psychological component and cervical disc protrusion with nerve root compromise. The

treatment plan included twelve sessions of aqua therapy, a psychiatry consultation, follow up for the cervical spine, bilateral hands, bilateral shoulders and left knee and return to clinic in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro continued acupuncture 3 x 6 for the neck, left foot, bilateral hands, DOS: 4/17/14 - 6/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the case of this particular request (for 18 sessions), given that the patient has already had prior sessions of acupuncture, the number of requested sessions of acupuncture is in excess of that recommended by guidelines cited above. Furthermore, the objective functional improvement from prior acupuncture sessions is not documented. Therefore, this request is not medically necessary.

Retro Follow- up for cervical spine, DOS: 7/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a office follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, the provider does not document what treatment or evaluation is to be expected from a follow up with this particular specialist (██████). Given this lack of documentation, this request is not medically necessary.

Retro follow-up for bilateral hands, DOS: 7/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a office follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, the provider does not document what treatment or evaluation is to be expected from a follow up with this particular specialist (██████████). Given this lack of documentation, this request is not medically necessary.

Aquatic therapy x 12 for the neck, left foot, bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. The patient does not meet criteria for "extreme obesity" as his weight is 235lb and height is 5'9" on 7/11/2014. Furthermore, there is no documentation of the patient's inability to tolerate land-based therapy. Therefore, this request is not medically necessary.

Referral for bilateral shoulders and left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regards to the request for orthopedic consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, it is apparent that the worker continues with significant pain in multiple body regions, including the left knee,

bilateral hands, cervical region, and bilateral feet. The patient has had extensive conservative therapies including pain medications, PT, and acupuncture without significant improvement. Given the chronicity of this pain, it is reasonable to seek an orthopedic consultation who can provide additional insight and options for this worker. Therefore, the request is medically necessary.

Retro TENS unit, DOS: 8/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Chiropractic treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: In the case of this injured worker, the medical records indicate that previous chiropractic therapy has been trialed by this injured worker. However, the functional benefit of this previous chiropractic manipulation was not documented. Functional benefit can be defined as any clinically significant improvement in daily activities, reduction of work restrictions, or return to work. Given the absence of documented functional improvement, this request is not medically necessary.

Psychotherapy 3 x 6 for the right hand and left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Regarding the request for psychotherapy, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, the patient has documented loss of sleep. However, it does not appear that the patient has any underlying psychiatric disorder that requires expert care. The provider has ordered psychotherapy for treatment of right hand and left foot, which is likely a mistake. In the absence of clarity regarding these issues, this request is not medically necessary.

Retro X-ray of the right hand, DOS: 6/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: Regarding the request for 3 view x-rays of right hand, California MTUS supports x-rays for red flag conditions such as fracture, dislocation, and osteoarthritis or after a 4-6 weeks period of conservative treatment when specific conditions such as a scaphoid fracture are suspected. They recommend against routine use for evaluation of forearm, wrist, and hand conditions. Within the documentation available for review, it is unclear whether the patient has failed conservative treatment or if the provider is suspecting any of the above diagnosis to warrant the order of hand x-rays at this time. In light of the above issues, the current request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of abnormal neurological exam findings or failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested cervical MRI is not medically necessary.

Retro follow-up with hand specialist, DOS: 12/19/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a office follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, the provider does not document what treatment or evaluation is to be expected from a follow up with this particular specialist (██████████). Given this lack of documentation, this request is not medically necessary.