

Case Number:	CM15-0115878		
Date Assigned:	06/24/2015	Date of Injury:	08/28/2006
Decision Date:	09/16/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 52 year old male who sustained an industrial injury on 8/28/06. The mechanism of injury is unclear. He currently complains of abdominal pain. Medications are OxyContin, Lexapro, Klonopin, zolpidem. Diagnoses include cystic fibrosis; pancreatic cancer; anxiety; depression. Treatments to date include medications; physical therapy. Diagnostics could not be identified. On 6/3/15 Utilization Review evaluated requests for physical therapy (retrospective date of service 4/28/15-5/5/15); physical therapy evaluation; Medical-surgical GYN pharmacy-medical supplies, sterile supply; digital radiography x-ray; drugs. All above requests were retrospective with date of service 4/28/15-5/5/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (retrospective DOS 4/28/15-5/5/15): 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, Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Medical records fail to indicate what the physical therapy is for, if initial trial used and what were the results. As such, the request for Physical therapy (retrospective DOS 4/28/15-5/5/15) is not medically necessary.

Physical Therapy Evaluation (retrospective DOS 4/28/15-5/5/15): 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, Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Medical records fail to indicate what the physical therapy is for, if initial trial used and what were the results. As such, the request for Physical therapy evaluation (retrospective DOS 4/28/15-5/5/15) is not medically necessary.

Med-Sur-Gyn: Pharmacy: Med supplies; sterile supply (retrospective DOS 4/28/15-5/5/15): 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) Formulary.

Decision rationale: The MTUS does not address Pharmacy: Med supplies; sterile supply, nor does the ODG specifically address this request. The medical records fail to demonstrate what specific supplies are being requested and for what indication. The ODG does list specific medications and how they should be used. Other supplies would be indicated as per specific diagnoses which is lacking here. As such, the request for Med-Sur-Gyn: Pharmacy: Med supplies; sterile supply (retrospective DOS 4/28/15-5/5/15) is not medically necessary.

DX (digital radiography) X-ray (retrospective DOS 4/28/15-5/5/15): 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) Low back, Preoperative testing, General.

Decision rationale: The MTUS is silent on Digital Radiology as a class. The ODG states that, "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management; "Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease, that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false- positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing." The medical records fail to indicate what procedure was performed and for what indication. There is mention of a CXR for PICC line placement but it is not clear if this is the study being requested for not. As such, the request for DX (digital radiography) X-ray (retrospective DOS 4/28/15-5/5/15).

Drugs (retrospective DOS 4/28/15-5/5/15): 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) Formulary.

Decision rationale: The MTUS does not address Drugs as a group, nor does the ODG specifically address this request. The medical records fail to demonstrate what specific medications are being requested and for what indications they are being used. The ODG does list specific medications and how they should be used. Although a list of all inpatient medications during this time is listed in the record, it is not clear which ones are being requested here and for what medical indications. As such, the request for Drugs (retrospective DOS 4/28/15-5/5/15) is not medically necessary.