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| Case Number: | CM15-0126510 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 02/12/2014 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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 50-year-old male who sustained a work related injury February 12, 2014. Past history included s/p open reduction internal fixation with contracture right shoulder. According to a primary treating physician's progress report, dated May 22, 2015, the injured worker presented for follow-up with notations of surgical and aqua therapy denials for treatment of left wrist. He complains his motion is limited in his left wrist and he has increasing pain in the right wrist secondary to compensatory consequence. An MRI of the left knee revealed marrow reconversion in the distal femur with knee joint effusion. Physical examination revealed; gait within normal limits; range of motion of the cervical spine; extension 30 degrees with pain, lateral bend left and right 30 degrees with pain, right and left rotation at 30 degrees, right shoulder-well healed scars negative Hawkins, Neer's and Speed's test, resisted abduction strength is 4/5 resisted external rotation strength is 4/5. The right elbow revealed positive tenderness over the lateral epicondyle, positive pain with resisted wrist flexion and resisted long finger extension. The right wrist reveals dorsal tenderness and pain with resisted pronation, flexion, and extension of the wrist and a positive lift-off test. Diagnoses are right wrist TFCC (triangular fibrocartilage complex) tear, ligament tears, ulnar positive variance; left shoulder compensatory strain; tennis elbow, right elbow; cervical strain; multi-level disc herniation and degenerative disc disease, cervical spine; radiculitis, right upper extremity; low back pain with degenerative disc disease with osteophytes, right knee medial and lateral meniscus tears. At issue, is the request for authorization for physical therapy for the bilateral wrists and second opinion spine consultation for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral wrist 3 times a week for 6 weeks, quantity: 18 sessions:

Upheld

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

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider has continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. The Physical therapy for bilateral wrist 3 times a week for 6 weeks, quantity: 18 sessions is not medically necessary and appropriate.

Second opinion spine consultation for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, pages 180 and 183; Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no specific

progressive neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure for a patient under the care of an orthopedist. The Second opinion spine consultation for cervical spine is not medically necessary and appropriate.