

Case Number:	CM15-0173683		
Date Assigned:	09/15/2015	Date of Injury:	02/01/2007
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational 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 72 year old female who sustained an industrial injury on 2-1-07. Progress report dated 7-15-15 reports continued complaints of severe pain in her neck, shoulders, and both arms. She has numbness in both hands. Diagnoses include: cervicobrachial syndrome with cervical spondylosis flare up, chronic overuse pain syndrome involving neck and both upper extremities, increasing pain and numbness both hands, right carpal tunnel syndrome, right and left cubital syndrome, neck pain associated with headaches and dizziness, pantrapezial arthritis and bilateral wrist and forearm myofasciitis epicondylitis. Plan of care includes: refer to pain management, request TENS unit, request hand therapy 2 times per week for 3 weeks and dispensed Lidopro gel. Follow up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment with A Pain Management Specialist, Cervical Spine and Bilateral Hands:

Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Criteria for Use of Opioids section, Opioids Dosing section, page(s) 78, 86, The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. In this case, the injured worker has progressively worsening cervical degenerative disc disease with moderate to severe pain. An evaluation by pain management is appropriate, but approval for treatment cannot be provided without a request for specific treatment. The request for treatment with a pain management specialist, cervical spine and bilateral hands is determined to not be medically necessary.

Hand Therapy, Twice Weekly, Bilateral Hands/Wrists Qty 6: Overturned

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: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed 4 sessions of hand therapy with documented functional benefits. As the patient is deriving functional gains from therapy and the request for an additional 6 sessions is within the guidelines. UR noted that a request for 16 visits (two visits per week for eight weeks) is in excess of the recommendations; however, this request appears to be for six session's total. The request for hand therapy, twice weekly, bilateral hands/wrists Qty 6 is determined to be medically necessary.