

Case Number:	CM15-0176191		
Date Assigned:	09/17/2015	Date of Injury:	10/29/2012
Decision Date:	11/16/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 37 year old female sustained an industrial injury on 10-29-12. The injured worker is being treated for sprain of the neck. Treatments to date include MRI testing and prescription and medications. The injured worker has continued complaints of neck, left shoulder, bilateral hand and low back pain. The pain has affected the injured worker's activity level. Upon examination, there was tenderness to palpation and reduced range of motion in the affected areas. An MRI dated 2-26-15 revealed lumbar spine abnormalities. An MRI dated 2-26-15 revealed left shoulder rotator cuff abnormalities. A request for Physical therapy 8 sessions for the neck, upper and lower back and left shoulder, Acupuncture 8 sessions to the neck, upper and lower back, left shoulder and bilateral wrist, Follow-up referral to the orthopedic surgeon for evaluation of the left shoulder, Follow-up referral to hand specialist for evaluation secondary to right carpal tunnel, Follow-up referral to sleep specialist, Paraffin bath unit and Dispense bilateral wrists support #2 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions for the neck, upper and lower back and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic).

Decision rationale: Per ODG: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. This patient has already had 10 OT visits. The request for additional therapy for the patient's pain exceeds the ODG guidelines and is not medically necessary.

Acupuncture 8 sessions to the neck, upper and lower back, left shoulder and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS supports acupuncture as follows: (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. In this case, the request for eight visits exceeds the MTUS recommendation guidelines and is not medically necessary. Acupuncture may be beneficial but eight visits are in excess of the guidelines.

Follow-up referral to the orthopedic surgeon for evaluation of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per ACOEM, Chapter 5: Cornerstones of Disability Prevention and Management page 92: "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The

physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility." In this case, the patient has a positive MRI for anatomic abnormalities and a history of shoulder pain. Orthopedic follow-up is indicated. The request is medically necessary.

Follow-up referral to hand specialist for evaluation secondary to right carpal tunnel:
Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic), Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per ACOEM, Chapter 5: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility. In this case, the patient has symptoms consistent with carpal tunnel syndrome and a nerve conduction test that reportedly shows severe carpal tunnel syndrome. Evaluation by a hand specialist is indicated. The request is medically necessary.

Follow-up referral to sleep specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per ACOEM, Chapter 5: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility. The records indicate that the patient

has been undergoing cognitive therapy to manage sleep disorder. The records indicate this intervention has been helpful. Referral to a sleep specialist is not indicated because the patient is responding to cognitive therapy. The request is not medically necessary.

Paraffin bath unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter, Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Chapter 3: "Musculoskeletal symptoms can be managed with a combination of heat or cold therapy, short-term pharmacotherapy (oral medication), a short period of inactivity, specific recommendations regarding employment and recreational activities, and judicious mobilization and resumption of activity, even before the patient is pain-free." The request for a paraffin bath is appropriate as a physical method to add heat to the affected extremity. ACOEM supports heat in the management of musculoskeletal symptoms. The request is medically necessary.

Dispense bilateral wrists support #2: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), splinting.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per ACOEM, Chapter 11, page 264: Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. In this case, splinting is an appropriate initial intervention for both carpal tunnel syndrome and de Quervain's tenosynovitis. The request for splints should be certified because the patient is diagnosed with both CTS and de Quervain's tenosynovitis. The request is medically necessary.