

Case Number:	CM15-0062452		
Date Assigned:	04/08/2015	Date of Injury:	02/01/2012
Decision Date:	06/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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, Public Health & General Preventive 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 55-year-old female with an industrial injury dated 02/01/2012. The injured worker diagnoses include status post right sided fall on an outstretched hand, right chronic regional pain syndrome II, right greater than left carpal tunnel neuropathy median nerve, right greater than left neuropathy ulnar nerve Guyon's canal and cubital tunnel, right greater than left chronic bilateral wrist pain: diffuse nonspecific, right de Quervain's disease status post cortisone injection on 11/09/2012, right lateral epicondylitis status post cortisone injection on 10/12/2012, right volar radial wrist ganglion cyst, right dorsal wrist ganglion cyst, left de Quervain's disease, and left lateral epicondylitis . She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/06/2015, the injured worker reported continued swelling of bilateral hands, electrical sensation of bilateral hands, dropping of objects with bilateral hands, weakness of bilateral hands, pain radiating from right hand up to neck and then back, stiffness of the right arm, swelling of ankles and knees, pressure sensation on the top of the head, pain radiating from left hand to elbow, bruising of forearms and sensitivity of the right and left hands. Physical examination unchanged. The treating physician prescribed specialty referral to pain management consultation, Magnetic Resonance Imaging (MRI) of the bilateral shoulder and occupational therapy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The ACOEM Guidelines for most patients with shoulder problems, special studies are not needed unless there has been a 4 to 6 week period of conservative care and observation that fails to improve symptoms. The primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide documentation of 4 to 6 weeks of conservative care, specifically directed at the bilateral shoulders. Given the above, the request for MRI left shoulder is not medically necessary.

MRI of Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The ACOEM Guidelines for most patients with shoulder problems, special studies are not needed unless there has been a 4 to 6 week period of conservative care and observation that fails to improve symptoms. The primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide documentation of 4 to 6 weeks of conservative care, specifically directed at the bilateral shoulders. Given the above, the request for MRI right shoulder is not medically necessary.

Specialty referral to Pain Management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker required a pain management special urgently. However, there was a lack of rationale for the request. Given the above, the request for specialty referral to pain management consultation is not medically necessary.

Occupational Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines
Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review failed to provide documentation of a quantity of prior sessions, the objective functional benefit that was received and the remaining objective functional deficits. The request as submitted failed to indicate the quantity and body part to be treated with occupational therapy. Given the above, the request for occupational therapy is not medically necessary.