

Case Number:	CM15-0069668		
Date Assigned:	04/17/2015	Date of Injury:	10/17/2013
Decision Date:	07/24/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47-year-old female who sustained an industrial injury on 10/17/2013. There was no mechanism of injury documented. The injured worker was diagnosed with cervical sprain/strain, cervical disc protrusion, lumbar sprain/strain, lumbar disc protrusion, bilateral shoulder impingement syndrome, bilateral elbow sprain/strain, left scaphoid fracture with osteoarthritis and bilateral wrist sprain/strain. There were no surgical interventions documented. There were no previous treatments discussed except for diagnostic testing and aquatic therapy. According to the primary treating physician's progress report on March 4, 2015, the injured worker continues to experience headaches rated at 7/10, neck pain radiating to the bilateral shoulder rated 8/10, bilateral shoulder pain with left shoulder rated at 6/10 and right shoulder at 8/10, low back pain and numbness radiating to the left foot rated at 8/10, bilateral elbow pain and weakness rated at 6/10, left wrist pain and weakness rated 9/10 and right wrist pain rated at 6/10. The injured worker also reports pain and blurry vision, ear pain rated at 4/10, difficulty breathing and occasional skin rash. Cervical spine examination demonstrated decreased, painful range of motion with three plus tenderness to palpation and spasm of the cervical paravertebral muscles. Cervical compression and shoulder depression caused pain. The lumbar spine noted decreased range of motion with three plus tenderness to palpation of the lumbar paravertebral muscles with spasm. Kemp's and straight leg raise caused pain bilaterally. The bilateral shoulders demonstrated decreased and painful range of motion with three plus tenderness to palpation of the lateral shoulder and supraspinatus with a positive supraspinatus press test causing pain bilaterally. The bilateral elbows noted decreased and painful range of motion with two plus tenderness of the medial elbow and epicondyles. Spasm of the medial forearm was noted with Mill's test causing pain. The bilateral wrists showed decreased and painful range of motion with two plus tenderness of the volar wrist bilaterally. Tinel's caused pain on the left wrist and tingling on the right wrist. Current medications were not listed.

Treatment plan consists of consultations with a dermatologist and ENT specialist, obtain a neurologist, follow-up with chiropractor, follow-up for difficulty breathing, follow-up with a general practitioner for the cervical/lumbar spine and shoulders, X-rays of the left wrist and the current request for a consultation with pain management, follow-up with a surgeon for the elbows and wrists and additional aqua therapy for the cervical area, lower back and upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the cervical region, UE, low back x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had already completed an unknown amount of aqua therapy. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.

Follow up with a surgeon for the elbows and wrists: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-pain guidelines and office visits - pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has strain in the wrists and elbows. There is no indication of imaging or findings that would require surgery. As a result, the request for a surgical consultation for the elbows and wrists is not medically necessary.

Consultation with pain management: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation office visits- ODG pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant does have significant pain but is also referred to a neurologist and ENT. The particular intervention desired by a pain specialist that cannot be performed by the treating physician was not specified. As a result, the request for a pain consultation is not justified and not medically necessary.