MAXIMUS Federal Services

Case Number:	CM15-0071093		
Date Assigned:	04/21/2015	Date of Injury:	03/17/2014
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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 57 year old female, who sustained an industrial injury on 3/17/2014. She reported transferring a heavy student to a wheelchair. The injured worker was diagnosed as having biceps tendon rupture, cervical dystonia, lumbar sprain, multiple sclerosis and post-traumatic stress disorder. There is no record of a recent diagnostic study. Treatment to date has included right shoulder arthroscopic surgery, physical therapy and medication management. In a progress note dated 2/13/2015, the injured worker complains of headaches, neck pain, right shoulder and arm pain, left wrist and hand pain and mid and low back pain. The treating physician is requesting 4 visits of physical therapy for the right shoulder, neck and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 4 visits for the right shoulder, neck and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents on 02/18/15 with unrated neck pain, which radiates into the bilateral trapezius, upper back, and right upper extremity with associated numbness and tingling to the extremity. Patient also complains of unrated right shoulder pain, unrated right biceps pain, and unrated left wrist pain with associated numbness and weakness in the left hand. Patient also complains of mid-back/low-back pain which radiates into the bilateral buttocks and depression/anxiety secondary to chronic pain. The patient's date of injury is 03/17/14. Patient is status post unspecified right shoulder surgery in June 2014. The request is for PHYSICAL THERAPY, 4 VISITS FOR THE RIGHT SHOULDER, NECK, AND LUMBAR SPINE. The RFA is dated 03/07/15. Physical examination dated 02/18/15 reveals tenderness to palpation of the cervical paraspinal muscles from C5 to C6, tenderness over the right upper trapezius, levator scapulae, and rhomboids with reduced range of motion in all planes. Right shoulder examination reveals a well healed surgical scar, 4 healed arthroscopic portals, tenderness to palpation over the right deltoid, teres major, and subacromial bursa. A positive Neer test, Hawkin's sign, O'Brien sign, Speed's test, and Adson test is noted on the right side. Lumbar spine examination reveals painful and limited range of motion in all planes and a slightly positive Trendelenburg test on the left side. The patient is currently prescribed Baclofen, Modafinil, Topiramate, Fentanyl, Mirapex, Honzant ER, HCTZ, Xanax, Omeprazole, and unspecified supplements. Diagnostic imaging was not included. Per 02/18/15 progress note, patient is classified as temporarily totally disabled until next appointment on 03/25/15. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 4 additional physical therapy sessions for the management of this patient's shoulder pain, the provider has exceeded guidelines. Documentation provided indicates that this patient has already been approved for a series of 12 physical therapy sessions. Progress note dated 01/19/15 indicates that this patient has completed 8 sessions and is authorized 12 sessions, though conflicting progress note dated 02/18/15 indicates that this patient has only completed 5 sessions. Physical therapy progress note dated 12/09/14 documents 6 completed physical therapy sessions with some improvements. MTUS supports 8-10 visits for complaints of this type, this patient has already received at least 6-8 sessions and is authorized for a total of 12. As this patient is no longer in the post-operative time-frame; four additional sessions in addition to the twelve already approved exceeds guideline recommendations, which allow 8-10 visits. Therefore, the request IS NOT medically necessary.

Consultation with pain management: 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), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents on 02/18/15 with unrated neck pain, which radiates into the bilateral trapezius, upper back, and right upper extremity with associated numbness and tingling to the extremity. Patient also complains of unrated right shoulder pain, unrated right biceps pain, and unrated left wrist pain with associated numbness and weakness in the left hand. Patient also complains of mid-back/low-back pain, which radiates into the bilateral buttocks and depression/anxiety secondary to chronic pain. The patient's date of injury is 03/17/14. Patient is status post unspecified right shoulder surgery in June 2014. The request is for CONSULTATION WITH PAIN MANAGEMENT. The RFA is dated 03/07/15. Physical examination dated 02/18/15 reveals tenderness to palpation of the cervical paraspinal muscles from C5 to C6, tenderness over the right upper trapezius, levator scapulae, and rhomboids with reduced range of motion in all planes. Right shoulder examination reveals a well healed surgical scar, 4 healed arthroscopic portals, tenderness to palpation over the right deltoid, teres major, and subacromial bursa. A positive Neer test, Hawkin's sign, O'Brien sign, Speed's test, and Adson test is noted on the right side. Lumbar spine examination reveals painful and limited range of motion in all planes and a slightly positive Trendelenburg test on the left side. The patient is currently prescribed Baclofen, Modafinil, Topiramate, Fentanyl, Mirapex, Honzant ER, HCTZ, Xanax, Omeprazole, and unspecified supplements. Diagnostic imaging was not included. Per 02/18/15 progress note, patient is classified as temporarily totally disabled until next appointment on 03/25/15. American College of Occupational and Environmental Medicine ACOEM, 2nd Edition, 2004 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for continuing consultation with a pain management, the referral is appropriate. Progress reports provided do not provide a detailed history of this patient's pain consultations. The most recent progress report, dated 02/18/15 discusses the need for pain specialist management citing this patient's number of medications and continuing unresolved pain complaints. This patient's chronic pain symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the care provider's discretion. Therefore, the request IS medically necessary.

Psychiatry/psychology consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents on 02/18/15 with unrated neck pain which radiates into the bilateral trapezius, upper back, and right upper extremity with associated numbness and tingling to the extremity. Patient also complains of unrated right shoulder pain, unrated right biceps pain, and unrated left wrist pain with associated numbness and weakness in the left hand.

Patient also complains of mid-back/low-back pain, which radiates into the bilateral buttocks and depression/anxiety secondary to chronic pain. The patient's date of injury is 03/17/14. Patient is status post unspecified right shoulder surgery in June 2014. The request is for PSYCHIATRY/ PSYCHOLOGY CONSULTATION. The RFA is dated 03/07/15. Physical examination dated 02/18/15 reveals tenderness to palpation of the cervical paraspinal muscles from C5 to C6, tenderness over the right upper trapezius, levator scapulae, and rhomboids with reduced range of motion in all planes. Right shoulder examination reveals a well healed surgical scar, 4 healed arthroscopic portals, tenderness to palpation over the right deltoid, teres major, and subacromial bursa. A positive Neer test, Hawkin's sign, O'Brien sign, Speed's test, and Adson test is noted on the right side. Lumbar spine examination reveals painful and limited range of motion in all planes and a slightly positive Trendelenburg test on the left side. The patient is currently prescribed Baclofen, Modafinil, Topiramate, Fentanyl, Mirapex, Honzant ER, HCTZ, Xanax, Omeprazole, and unspecified supplements. Diagnostic imaging was not included. Per 02/18/15 progress note, patient is classified as temporarily totally disabled until next appointment on 03/25/15. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In regard to continuing consultation with a psychiatrist for this patient's post-traumatic stress disorder and chronic pain, the request is appropriate. Progress note dated 02/18/15 indicates that this patient has been seen by a psychiatrist before, though the number of treatments is not specified. MTUS guidelines support psychiatric evaluation and treatment for chronic pain, and ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms, PTSD, and depression, further consultation with a psychiatrist/psychologist could produce significant benefits. Therefore, the request IS medically necessary.