MAXIMUS Federal Services

Case Number:	CM14-0036593		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2009
Decision Date:	09/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/26/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a female who has developed chronic cervical pain and bilateral shoulder pain with a reported date of injury of 5/04/09. She has had multiple diagnostic studies including a right shoulder MRI (7/26/11), which showed post-surgical changes and retraction of the supraspinatous and partial tears in the infraspinatous. A cervical MRI (7/28/13), showed a 5-6 disc protrusion with mild left lateral recess encroachment. Electrodiagnostics (7/9/11), are reported to be consistent with bilateral carpal tunnel syndrome. Bilateral brachial plexus MRI studies have been reported to be negative. Treatment has included 10 sessions of physical therapy for the shoulders, a cervical epidural injection (non-beneficial) and medications which are not listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 Visits Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556, Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

Decision rationale: MTUS Chronic Pain Guidelines recommend between 8-10 sessions of physical therapy for most chronic musculoskeletal conditions. This is a chronic condition and the assumption is made that there has been prior physical therapy including therapy after prior surgery for the shoulder. There have been 10 sessions of recent therapy and per Guideline standards, this should be a reasonable amount to assist this patient with self-protective behaviors and an appropriate home exercise program. The request for an additional 6 sessions of physical therapy is not medically necessary.

[redacted] **Pneumatic Traction Cervical Spine:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Traction.

Decision rationale: MTUS Guidelines do not recommend the use of traction for cervical conditions. ODG Guidelines support the use of home traction under specific circumstances (i.e., utilized in conjunction with a home exercise program with a 2 week trial before a home unit is recommended). There is no documented evidence of a home exercise program and/or any controlled trials of traction in a supervised manner (i.e., in physical therapy). The request currently does not meet Guideline standards. The request for a [redacted] Home Traction Unit is not medically necessary.

US Conductive Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound Therapeutic Page(s): 123.

Decision rationale: MTUS Guidelines specifically state that therapeutic ultrasound is not indicated for chronic conditions. There are no unusual circumstances that support an exception to the Guidelines. The requested Ultrasound Conductive Gel is not medically necessary.

Motorized Garage Door Opener: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medicare definition of DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.midislandmedical.com/medical-and-insurance-guide.html.

Decision rationale: The only documentation in conjunction with this request is that the patient bought a garage door opener the prior year due to her shoulders. There is no prior evaluation of the garage door or the medical necessity of a motorized opener. MTUS Guidelines do not discuss this issue. Other medical standards do not consider this request as qualifying for Durable Medical Equipment (i.e., 1: It would be useless in the absence of an illness injury. 2: It would it improve this patient's underlying medical condition).

Internal Medicine Follow-up Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 26.

Decision rationale: The hand written note states that this request is due to inhalation of toxic substances. There are no details to substantiate this. MTUS Guidelines recommend minimal medical standards to be met if pulmonary exposure is suspected. None of Guideline standards are met. The request for an Internal Medicine visit is not medically necessary.

Psyche Follow-up Visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): page 106.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: There is inadequate documentation by the requesting physician to meet Guideline standards. Psychological evaluations and care are Guideline supported in MTUS, but the requesting physician does not review any prior psychological records, conclusions or recommendations. The medical necessity of the visit is not documented by the requesting physician. Under these circumstances the follow-up visit with the psychologist is not medically necessary.

Pain Medicine Follow-up Visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: MTUS supports a referral to a specialist if there is chronic neck pain. There is documentation that this patient has seen a pain management specialist and has had an unsuccessful cervical epidural injection. A follow-up visit by this physician is medically necessary.

Vascular Surgeon Initial Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Thoracic Outlet Syndrome.

Decision rationale: The request for a vascular surgeon consult is stated to be due to thoracic outlet syndrome. MTUS Guidelines do not address this issue, but ODG Guidelines do address what would be a reasonable exam and patient historical factors to consider with this diagnosis. There are no physical exams or historical factors that support this diagnosis. The requesting physician does not document any exam findings or historical factors that make this diagnosis likely. MRI studies of the Brachial Plexus were reported to be negative bilaterally. The referral to a Vascular Surgeon is not medically necessary.

Neurosurgeon Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: MTUS Guidelines support the request for specialty evaluations if there are documented findings and the specific rational for the request is communicated. This request is for a Neurosurgeon Evaluation in Alabama. In addition, there is no documentation by the requesting physician regarding the medical necessity of the referral. It is not documented if the request is for the carpal tunnel syndrome or for surgical evaluation of the neck. The requesting physician does not provide adequate documentation to consider the request for a Neurosurgical Consult medically necessary.

Gastroenterologist Follow-up Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Referrals.

MAXIMUS guideline: Decision based on the ACOEM Chapter 7-Referrals.

Decision rationale: Appropriate referrals to specialists are supported in MTUS Guidelines, however, the MTUS minimum standards for evaluation of gastrointestinal symptoms has not been met. The referring physician does not document the medical necessity of a follow up visit with a Gastroenterologist. No gastrointestinal symptoms or exam findings are documented. The requesting physician does not provide adequate documentation to consider the request medically necessary.

Dentist Ongoing Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23, 24.

Decision rationale: MTUS Guidelines provides general guidelines regarding adequate documentation to establish injured body parts. There is no documentation by the requesting physician regarding the medical necessity for a dental follow-up or a dental specialist evaluation. The requesting physician does not provide adequate medical documentation to consider the request medically necessary.

Dental Specialist Follow-up Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23, 24.

Decision rationale: MTUS Guidelines provides general guidelines regarding adequate documentation to establish injured body parts. There is no documentation by the requesting physician regarding the medical necessity for a dental follow up or a dental specialist evaluation. The requesting physician does not provide adequate medical documentation to consider the request medically necessary.