
Notice of Independent Medical Review Determination

Dated: 10/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 10/16/2012
IMR Application Received: 7/19/2013
MAXIMUS Case Number: CM13-0002196

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 Physical Therapy Sessions for the neck, shoulders, knees, and lumbar spine (3 times a week for 4 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine without contrast **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the bilateral shoulders **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for EMG of bilateral upper and lower extremities **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for an orthopedic evaluation for the ankles **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 Physical Therapy Sessions for the neck, shoulders, knees, and lumbar spine (3 times a week for 4 weeks) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine without contrast **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the bilateral shoulders **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for EMG of bilateral upper and lower extremities **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for an orthopedic evaluation for the ankles **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

Review of the medical documentation identifies the claimant sustained an industrial injury on 10/16/12. The claimant has been under the care of treating physician for ankle sprain, shoulder, mononeuritis of upper limb, lumbosacral neuritis, internal derangement knee.

The MRI report of the lumbar spine dated 04/30/13 reveals T11-T12 mild stenosis with posterior broad-based disc bulge. A mild disc desiccation is noted at T11 through L3. An L3-L4 annular bulge abuts, but does not efface the ventral thecal sac. There is mild bilateral neural foraminal stenosis. L4-L5 disc desiccation and right-sided endplate degenerative marrow edema present. A posterior disc bulge abuts, but does not efface the ventral thecal sac. There is mild left and moderate right neural foraminal stenosis. A 2 mm synovial cyst arises from the dorsal margin of the left facet joint. An L5-S1 severe loss of disc space height, disc desiccation, right-sided endplate marrow degenerative changes, and trace L5 inferior endplate marrow edema is present. A 3 mm posterior broad-based annular disc bulge abuts, but does not efface the ventral thecal sac. A 5 mm right foraminal disc protrusion causes moderate right foraminal stenosis and encroachment on the right foraminal L5 nerve. A 3 mm left foraminal disc osteophyte complex causes moderate left neural foraminal stenosis and abutment of the left foraminal L5 nerve.

The MRI of the right ankle dated 02/07/13 is provided for review and revealed focal area of subarticular cyst formation and surrounding marrow edema within the medial anterior lateral calcaneus at the calcaneocuboid joint. A small plantar calcaneal spur and very mild plantar fasciitis are noted. A focal small full thickness chondral defect is noted involving the posteromedial talar dome and overlying tibial plafond at the base of the medial malleolus. There is no evidence of articular surface collapse or avascular necrosis. Atrophy with mild fatty replacement of the abductor digiti minimi muscle suggesting mild chronic impingement of Baxter's nerve as well as the posterior medial aspect of the flexor digitorum muscle. Intact lateral and medial collateral ligaments are noted of the ankle.

The most recent evaluation dated June 6, 2013 is provided for review. It was noted that the claimant has undergone extensive diagnostic workup and treatment to date. The remainder of the report is missing.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/19/2013)
- Utilization Review from Claims Administrator (dated 7/3/2013)
- Medical records from Claims Administrator and Applicant's Attorney
- Medical Treatment Utilization Schedule (MTUS)
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1) Regarding the request for 12 physical therapy sessions for the neck, shoulders, knees, and lumbar spine (3 times a week for 4 weeks):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine section, and Official Disability Guidelines (ODG) – Physical Therapy Guidelines section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines, pg 98-9 of 127.

Rationale for the Decision:

The employee sustained a work-related injury on December 16, 2012 to the wrists, shoulders, back, bilateral knees, and left ankle. Medical records provided for review indicate treatments have included diagnostic studies, physical therapy, acupuncture, and medication management. The request is for 12 physical therapy sessions for the neck, shoulders, knees, and lumbar spine for (3 times a week for 4 weeks).

The MTUS Chronic Pain Medical Treatment Guidelines state 8-10 physical therapy sessions for either muscle or nerve conditions other than RSD. The medical records provided do not show that the employee has RSD; and the current request for 12 sessions of physical therapy exceeds MTUS guidelines for other conditions. Therefore, the request for 12 physical therapy sessions for the neck, shoulder, knees, and lumbar spine (3 times a week for 4 weeks) **is not medically necessary and appropriate.**

2) Regarding the request for MRI of the Cervical Spine without contrast:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Neck/Upper Back Chapter, MRI section, a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg. 177-178 which is part of the MTUS and relevant and appropriate for the employees clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on December 16, 2012 to the wrists, shoulders, back, bilateral knees, and left ankle. Medical records provided for review indicate treatments have included diagnostic studies, physical therapy, acupuncture, and medication management. The request is for an MRI of the cervical spine without contrast.

The MTUS/ACOEM guideline states MRI is not needed unless 3-4 weeks of conservative care and observation fails to improve symptoms. The clinical notes dated 6/6/13 is inconsistent in whether the employee had therapy for the neck or upper extremities, and if there was conservative care, the timeframe and outcome was not clearly described. Based on the medical records reviewed, it does not appear that the employee had conservative care for the cervical spine, and therefore does not meet the MTUS/ACOEM criteria for MRI. The request for MRI for the cervical spine without contrast **is not medically necessary and appropriate.**

3) Regarding the request for MRI of the bilateral shoulders:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Shoulder Chapter, MRI section which is a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg. 207-209 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on December 16, 2012 to the wrists, shoulders, back, bilateral knees, and left ankle. Medical records provided for review indicate treatments have included diagnostic studies, physical therapy, acupuncture, and medication management. The request is for MRI of the bilateral shoulders.

The MTUS/ACOEM guidelines indicate that for most individuals with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. The medical records reviewed indicate the employee has had prior orthopedic evaluations from 2012, and the recent evaluation from 6/6/13 continues to show physical examination signs of shoulder impingement. This would meet guideline criteria for MRI. The request for an MRI of the bilateral shoulders **is medically necessary and appropriate.**

4) Regarding the request for EMG of the bilateral upper and lower extremities:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Neck and Upper Back Complaints, page 178 and Table 8-8. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were appropriate for the employee's clinical circumstance, and in addition cited Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg. 260-262, as well as Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303.

Rationale for the Decision:

The employee sustained a work-related injury on December 16, 2012 to the wrists, shoulders, back, bilateral knees, and left ankle. Medical records provided for review indicate treatments have included diagnostic studies, physical therapy, acupuncture, and medication management. The request is for an EMG of the bilateral upper and lower extremities.

The MTUS/ACOEM guidelines states that Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in

patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical records reviewed indicate that the employee presents with complaints of numbness and tingling and pain radiating from the neck to the shoulders and from the shoulders down the arms to the hands. There is also lower back pain radiating down both legs, with numbness and tingling down both legs to the feet. Clinical exam shows decreased sensation in the median nerve distribution bilaterally. Therefore, the request for EMG of the upper and lower extremities **is medically necessary and appropriate.**

5) Regarding the request for an orthopedic evaluation of the ankles :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004) pg. 127, a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated that MTUS did not specifically address the issue at dispute and found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on December 16, 2012 to the wrists, shoulders, back, bilateral knees, and left ankle. Medical records provided for review indicate treatments have included diagnostic studies, physical therapy, acupuncture, and medication management. The request is for an orthopedic evaluation of the ankles.

ACOEM guidelines state that the health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan of care may benefit from additional expertise. The clinical notes provided indicate a prior orthopedic evaluation of the ankles in 2012 noted slight instability with positive anterior drawer testing of the ankles; an MRI of the right ankle is dated 2/7/13 showing chondral defect, full thickness at posteromedial talar dome, atrophy of the abductor digiti minimi suggesting impingement of Baxter's nerve,; and a 6/6/13 evaluation shows edema in the left ankle. There are potential orthopedic conditions in both ankles. The requesting physician is a PM&R specialist, and requests orthopedic opinion on the diagnosis and treatment options. The request for an orthopedic evaluation of the ankles **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.