

Case Number:	CM13-0029506		
Date Assigned:	11/01/2013	Date of Injury:	05/09/2012
Decision Date:	01/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

Patient is a 50-year-old female with a date of injury of May 9, 2012. Diagnoses include: cervical, thoracic and lumbar spine sprain: lumbar spine strain with radiculitis; lumbar spine disc protrusion; left wrist sprain; carpal tunnel syndrome bilateral; rule out left wrist internal derangement: right knee strain: rollout right knee internal arrangement: sleep disturbance. Latest progress note dated July 25, 2013 states the patient has pain in the neck, mid back, lower back and right knee. She also has pain in the bilateral wrist. Objective findings included tenderness the palpation over the paraspinal muscles. There is decreasing tenets of palpation of bilateral wrist the positive Tinel's and Phalen's signs. There is positive McMurray in the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: CA MTUS, in ACOEM page 341 discusses diagnostic studies. This patient has had knee pain for over a year and has positive physical exam findings. As this is a chronic

injury, the current guidelines in MTUS allow for the use of an MRI to study the knee even though there are no red flags. There has been an appropriate time of conservative care including Physical therapy and medications. As the patient has had knee pain for over a year and has failed conservative treatments, the MRI is medically necessary. Further records indicate that a QME examiner has ordered the MRIs as well.

Extracorporeal shock wave therapy (ECSWT) for the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ECSWT..

Decision rationale: CA MTUS discusses ECSWT in regards to the shoulder, elbow, and foot. It does not discuss in regards to the wrist. MTUS ACOEM does not recommend the use of EC shock wave therapy. In addition, ODG guidelines do not recommend extracorporeal shock wave therapy in most all situations. Therefore as guidelines do not recommend this treatment, it is not medically necessary.

12 physical therapy visits for the lumbar spine: 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 Physical Medicine Page(s): 99.

Decision rationale: CA MTUS Chronic pain guideline discuss physical therapy and physical medicine on page 99. The guidelines allow for fading of treatment visits and have a specific number of treatments for radiculitis myositis, and myalgia. Guidelines allow for 8 to 10 visits over 4 to 8 weeks. The requested number of visits exceeds these guidelines. Therefore the request for 12 visits of physical therapy to the lumbar spine is not medically necessary.

Prescription Tramadol 50mg #60: 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 Page(s): 88.

Decision rationale: CA MTUS chronic pain guidelines discuss long-term opioid use. This patient has been taking tramadol for over a year. There is no documentation of the medications efficacy or having improved the patient's function as recommended for continued use in the

opioid guidelines. In addition, the guidelines state there is no evidence that showed the long-term benefit of improving function with opioid use as a treatment for chronic back pain. Therefore, as this medication has not been effective in increasing the patient's function and is not recommended for chronic back pain, the requested medication is not necessary.