

Case Number:	CM13-0033705		
Date Assigned:	12/06/2013	Date of Injury:	03/01/2006
Decision Date:	04/25/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopedic Surgery 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 is a 57-year-old female injured in a work-related accident on 3/1/06. The clinical records for review include a follow up assessment dated 10/3/13 with [REDACTED] indicating current diagnosis of cervical pain with cervical and lumbar radiculopathies, bilateral shoulder arthralgia, bilateral elbow/hand/ankle arthralgia, and right knee arthralgia. Subjectively, there were continued complaints of neck, mid-back, low back, upper extremity, and lower extremity pain with numbness to the hands and pain into the knees. Objectively, there was restricted range of motion of the cervical and lumbar spine with diminished sensation in an L4 dermatomal distribution as well as right-sided C6 through C8 distribution. Motor examination revealed 4+/5 strength of the bilateral deltoids, biceps, internal/external rotators, and wrist extensors/flexors with lower extremity weakness noted with 5-/5 strength of the bilateral extensor hallucis longus and tibialis anterior. Reviewed was previous MRI report dated 2011 of the cervical spine which revealed multiple levels of discogenic change with disc bulging and disc osteophyte complex from C3-4 through C5-6. A lumbar scan showed most pronounced findings at the L3-4 level with mild to moderate canal stenosis and partial impingement upon the exiting left L3 nerve root. Recommendations at that time were for electrodiagnostic studies to assess the claimant's upper and lower extremity neurologic findings as well as continuation of chiropractic/physical therapy modalities for eight sessions for the cervical, thoracic, and lumbar spine as well as Orthopedic and Podiatry referrals given the claimant's ongoing ankle and knee complaints. Imaging in regards to the claimant's ankles and knees are not noted. It is indicated that the claimant underwent electrodiagnostic studies on 10/24/13 that showed evidence of bilateral S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PODIATRY CONSULT FOR BILATERAL ANKLES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CA MTUS, ACOEM Occupational Medicine Practice Guidelines, (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CA MTUS, ACOEM Occupational Medicine Practice Guidelines, (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, a Podiatry referral for the claimant's ankles would not be indicated. While subjectively there are complaints of pain, there are no formal physical examination findings that would indicate the need for acute referral at this chronic stage in the claimant's clinical course of care. The absence of examination findings at present would fail to necessitate Podiatry referral as stated.

ORTHO CONSULT FOR RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, 92

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTUS, ACOEM Occupational Medicine Practice Guidelines, (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, referral for an Orthopedic assessment would not be indicated. It is indicated that this claimant had already undergone orthopedic assessment and consultation in early 2013. The current clinical picture is consistent with low back and cervical complaints with physical examination findings negative to the elbows, shoulders, and knees. The acute need for further orthopedic work up in this case would not be indicated.

EMG OF BILATERAL UPPER AND LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Electrodiagnostic Testing (EMG/NCS) - Lower Extremities, Lumbar Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303.

Decision rationale: MTUS: ACOEM, CHAPTER 7, 92

NCV OF BILATERAL UPPER AND LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Electrodiagnostic Testing (EMG/NCS) - Lower Extremities, Lumbar Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303.

Decision rationale: Based on California ACOEM Guidelines, electrodiagnostic studies in the form of NCV would not be indicated to the upper and lower extremities. The claimant's current clinical picture and physical examination findings are highly consistent with previous imaging studies already available for review. There is no indication of acute clinical finding from a radicular process that would warrant or indicate the need for further testing. The specific request in this case would not be indicated.

2 CHIROPRACTIC/PHYSIOTHERAPY MODALITIES 2 TIMES 4 FOR THE CERVICAL, THORACIC AND LUMBAR SPINES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY, 58-59

Decision rationale: MTUS Guidelines would not support the role of further chiropractic care or physiotherapy. Medical Records indicate chronic complaints of pain to the claimant's cervical, thoracic, and lumbar spine that has already undergone a significant course of conservative modalities including therapeutic modalities and chiropractic care. The acute need for continuation of these treatment modalities in the chronic setting would not be indicated as it is not understood as to why the claimant would be unable to transition to an aggressive form of home exercises alone at this stage in care.