

Case Number:	CM13-0036564		
Date Assigned:	12/13/2013	Date of Injury:	05/13/2013
Decision Date:	04/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 54-year-old female who reported an injury on May 13, 2013. The mechanism of injury was not provided in the medical records. The September 26, 2013 clinic note reported a complaint of neck and back pain, bilateral knee pain, and left ankle pain. The physical examination showed spasms, tenderness, guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. The patient had decreased sensation noted bilaterally to the C5, L5, and S1 dermatomes, bilateral patellar crepitus on flexion and extension with medial and lateral joint line tenderness, and positive McMurray's test. Her left ankle had tenderness in the anterior talofibular ligament and peroneal tendon with decreased range of motion in dorsiflexion and plantar flexion. The note indicated she was authorized for physiotherapy. The November 20, 2013 note reported a continued complaint of neck and lower back pain with radiation to the upper and lower extremities, bilateral knee pain associated with locking and instability, and right ankle pain. The note indicated spasm, tenderness, guarding to the paravertebral musculature of the lumbar and cervical spine with decreased range of motion with medial and lateral joint line tenderness upon flexion and extension of both knees, and decreased range of motion in all planes of both ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The California MTUS Guidelines recommends Voltaren Gel for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The documentation submitted did not provide objective or subjective measurements of pain or evidence of osteoarthritis. The lack of documentation does not meet guideline requirements. As such, the request is non-certified.

MRI OF THE KNEES: Upheld

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): 346-347.

Decision rationale: The California ACOEM Guidelines state MRIs are indicated to determine the extent of an ACL tear preoperatively, after a period of conservative care and observation. The documentation submitted did not provide evidence of outcomes from conservative care and, therefore, does not support the need for an MRI at this time. As such, the request is non-certified.

MRI OF THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The California/ACOEM Guidelines state MRIs may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery, after a period of conservative care and observation. The documentation submitted did not provide evidence of outcomes from conservative care and, therefore, does not support the need for an MRI at this time. As such, the request is non-certified.

ELECTRODIAGNOSTIC STUDIES OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California/ACOEM Guidelines state when a neurological exam is less clear, further physiological evidence of nerve dysfunction may be indicated to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks. The documentation submitted did not provide evidence of neurological dysfunction and does not support the need for electrodiagnostics at this time. As such, the request is non-certified.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California/ACOEM Guidelines state special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms and there is evidence of tissue insult or nerve impairment. The documentation submitted did not provide evidence of failed outcomes from conservative care nor did it provide evidence to support nerve impairment. The lack documentation does not support the need for imagining, at this time. As such, the request is non-certified.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Fitness For Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty. Functional Capacity Evaluation

Decision rationale: The Official Disability Guidelines recommend Functional Capacity Evaluations prior the admission of a work hardening program. The documentation submitted did not indicate the patient would be attending work hardening. As such, the documentation does not meet guideline requirements. As such, the request is non-certified.