

<b>Case Number:</b>	CM13-0053523		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 40-year-old male who was injured on August 17, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 24, 2013, indicated that there were ongoing complaints of low back pain, right knee pain, and right ankle pain. The physical examination demonstrated tenderness of the lumbar spine paravertebral muscles with spasms. There was a positive straight leg raise test. Examination of the right knee noted tenderness at the anterior and lateral aspect. There was a positive McMurray's test. Examination of the right ankle noted tenderness at the anterior and medial aspect. Diagnostic imaging studies objectified a disc protrusion with annular tear at the L4-L5 level with a spondylolisthesis. A magnetic resonance image (MRI) the right knee noted increased signal at the posterior horn of the medial meniscus. An MRI of the right ankle noted posterior tibialis tenosynovitis. There was a request for an orthopedic consultation for the right knee, a pain management consultation, a psychiatric consultation for anxiety and depression, and a podiatry consult. Continued physical therapy was recommended. There was also a request for a transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine and bilateral ankles. A request had been made for 12 physical therapy visits, nerve conduction studies of the lower extremities, x-rays of the foot, ankle, and lumbar spine and a functional capacity evaluation and was not certified in the pre-authorization process on October 29, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (12 visits): 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), Low back, Physical therapy, updated July 3, 2014.

**Decision rationale:** As the injured employee had multiple complaints, it was not specified what these physical therapy visits were intended for. However, assuming this is for the lumbar spine the Official Disability Guidelines only recommends 10 visits of lumbar spine physical therapy over eight weeks' time. For these multiple reasons, this request for 12 visits of physical therapy is not medically necessary.

**A Nerve Conduction Velocity (NCV) of the lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to the most recent progress note dated December 24, 2013 and the notes prior, there was no complete neurological examination performed of the lower extremities. Therefore, it is unclear if there were objective symptoms of radiculopathy or not. Without this documentation, this request for NCV of the lower extremities is not medically necessary.

**An Electromyogram (EMG) of the lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to the most recent progress note dated December 24, 2013 and the notes prior, there was no complete neurological examination performed of the lower extremities. Therefore, it is unclear if there were objective symptoms of radiculopathy or not. Without this documentation, this request for an EMG of the lower extremities is not medically necessary.

**An x-ray of Right Foot and Ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

**Decision rationale:** According to the medical record, the injured employee has already obtained a magnetic resonance image (MRI) of the lumbar spine, knee, and ankle. It is unclear why there is an additional request for x-ray of the same areas. Without specific justification, this request for an x-ray of the foot and ankle is not medically necessary.

**An x-ray of 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 ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** According to the medical record, the injured employee has already obtained an magnetic resonance image (MRI) of the lumbar spine, knee, and ankle. It is unclear why there was an additional request for an x-ray of the same areas. Without specific justification, this request for an x-ray of the lumbar spine is not medically necessary.

**A Consultation for Pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The medical record does not document what efficacy has been achieved thus far with oral pain medications or other modalities to help reduce pain. Therefore, it is unclear why there was a consultation for pain management. Without specific justification, this request for a consultation to pain management is not medically necessary.

**A Functional Capacity Evaluation:** Overturned

**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 ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127; and on the Non-MTUS Official Disability Guidelines (ODG), Low back, Functional improvement measures, updated July 3, 2014.

**Decision rationale:** The injured employee has had a relatively recent injury, and a baseline functional capacity evaluation can help gauge future progress and guide treatment. According to the Official Disability Guidelines, functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality and to justify further use of ongoing treatment methods. Therefore, this request for a functional capacity evaluation is medically necessary.