

Case Number:	CM13-0066961		
Date Assigned:	01/03/2014	Date of Injury:	04/23/2013
Decision Date:	07/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 Illinois. 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 54-year-old male with a reported date of injury on 04/23/2013. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include status post left knee arthroscopy with partial meniscectomy, chondromalacia of the medial compartment of the knee, multilevel cervical disc disease, and cervical radiculopathy. His diagnoses were noted to include cervical strain, left shoulder strain, and left knee bucket-handle tear of the medial meniscus. His previous treatments were noted to include surgery, physical therapy, medications, and shockwave therapy. The progress report dated 05/30/2013 reported an MRI was available for review of the cervical spine; findings consistent with 3 mm to 4 mm disc protrusion at C4-5, C5-6, and C6-7. The progress note reported the injured worker complained of left knee and neck pain. The physical examination reported left knee range of motion was to 125 degrees, medial joint line tenderness, and positive medial McMurray's sign for meniscal pathology. The physical examination of the cervical spine noted tenderness to palpation in the paracervical region, -10 degrees less of flexion and extension, and 5 degrees less of lateral rotation and bend. The physical examination of the knee reported range of motion was to 130 degrees with mild medial joint line tenderness and a negative McMurray's sign for meniscus pathology. The progress report also noted the injured worker was being released back to his regular job on a trial basis, effective 06/13/2013 or 07/13/2013. The documentation provided also reported the injured worker received 3 sessions of extracorporeal shockwave therapy. The request for authorization form dated 11/22/2013 for MRI of the cervical spine and left shoulder, ortho shockwave and Vitawrap; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

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

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

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The injured worker has received a previous MRI of the cervical spine after his injury. The California MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When neurologic examination is less clear however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiological evidence indicates tissue insult or nerve impairment, consider a discussion with a consult regarding next steps, including the selection of an imaging test to define potential cause such as an MRI for neural injury. The guidelines state an MRI is useful to identify an anatomic defect. There is not enough documentation showing significant neurological deficits such as decreased motor strength or sensation in specific dermatomal distribution. The injured worker has had a previous MRI of the cervical spine after his injury which symptoms of radiculopathy which was diagnosed by an MRI back in 04/2013. Therefore, a repeat MRI to the cervical spine is not warranted at this time. Therefore, the request is not medically necessary.

MRI OF THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for an MRI of the left shoulder is not medically necessary. The injured worker was positive for Hawkins and Neer's sign for impingement. The California MTUS/ACOEM Guidelines state routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. Suspected acute tears in the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively first. Partial-thickness tears should be treated the same as impingement syndrome regardless of MRI findings. The guideline's criteria for ordering

imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of anatomy prior to an invasive procedure. According to the guidelines, the MRI could be used to identify and define shoulder pathology such as rotator cuff tear, recurrent dislocation, tumor, or infection. There is not enough documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. The injured worker has positive Hawkins and Neer's signs for impingement; however, there is a lack of clinical findings to warrant an MRI to the left shoulder. Therefore, the request is not medically necessary.

SHOCKWAVE THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The request for shockwave therapy is not medically necessary. The injured worker has received a previous 3 sessions of shockwave therapy to his shoulder. The California MTUS/ACOEM guidelines state physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neuro-stimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. Some medium quality evidence support manual physical therapy, ultrasound, a high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The patient's at home application go heat or cold pack may be used before or after exercises and are as effective as those performed by a therapist. The injured worker has received a previous 3 sessions to the left shoulder of shockwave therapy; however, there is not enough documentation regarding functional improvement or a reduction of pain after the therapy was performed. Additionally, there is not enough documentation regarding calcifying tendinitis to warrant the need for shockwave therapy. Therefore, the request is not medically necessary.

VITAWRAP: 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), Knee, Cold/heat pack, and Compression garments.

Decision rationale: The request for a Vitawrap is not medically necessary. The injured worker had surgery to his knee in 06/2013. The Official Disability Guidelines recommend cold/heat packs. Ice massage compared to control has a statistically beneficial effect on range of motion,

function, and knee strength. Cold packs decrease swelling. Hot packs have no beneficial effect on edema compared with placebo or cold applications. Ice packs do not affect pain significantly compared to control in patients with knee osteoarthritis. The Official Disability Guidelines recommend compression garments due to good evidence for the use of compression was available, but little is known about dosimetry in compression, for how long, and at what level compression should be applied. High levels of compression produced by bandaging and strong compression stockings are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome, as well as management of lymphedema. There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome after the first time proximal deep vein thrombosis. The Vitawrap machine is a hot, cold, contrast, and compression device. The guidelines recommend ice to decrease swelling, but heat had no effect on edema compared with placebo or cold application. The guidelines do recommend compression; however, the injured worker does not have a diagnosis to warrant compression garments. Therefore, the request is not medically necessary.