

Case Number:	CM14-0004390		
Date Assigned:	02/05/2014	Date of Injury:	03/25/2003
Decision Date:	07/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 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:

The injured worker is a 56-year-old female who reported an injury on 03/25/2003. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine sprain with multilevel disc bulge, myofascial sprain of the lumbar spine, right elbow lateral epicondylitis, moderate bilateral carpal tunnel syndrome, bilateral De Quervain's syndrome, right ankle sprain, right plantar fasciitis, meniscal deterioration of the right knee, left shoulder sprain, left knee pain, depression, hypertension, dermatitis, and sleep disorder. The injured worker was evaluated on 09/12/2013. The injured worker reported persistent cervical and lumbar spine pain. The injured worker also reported right shoulder pain and left knee pain. The physical examination revealed tenderness to palpation of the lumbosacral spine with associated muscle spasm, restricted lumbar range of motion, palpable tenderness with positive cervical compression testing, tenderness at the right lateral epicondyle, 1+ edema of the right ankle with 2+ tenderness, continued bruising noted around the ankle joint, soft tissue swelling with bruising of the right knee, 3+ tenderness over the medial and lateral joint line, 2+ crepitus, moderately restricted range of motion, limited left shoulder range of motion, and palpable tenderness of the right hip with decreased range of motion. Treatment recommendations at that time included an endoscopy, a right knee brace, a motorized bed, a neurology consultation, lumbar and cervical pillows, removal of excess panniculi, continuation of acupuncture treatment, surgical intervention to the right knee and left shoulder, a home health aide, continuation of pain medication, a referral for a pain management specialist, a referral for an internal medicine consultation, a dental, psychiatric, and dermatology consultation, a CPAP machine with supplies, and a motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LUMBAR LSO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is greater than 10 years post injury. Therefore, the injured worker is no longer within the acute phase of treatment. Additionally, the physical examination on the requesting date of 09/12/2013 only revealed tenderness to palpation of the lumbar spine with restricted range of motion. There was no evidence of significant instability. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.

RIGHT ANKLE ELASTIC ANKLE SUPPORT: 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), Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The California MTUS ACOEM Practice Guidelines state elevation and a brief period of non weight bearing may be effective for pain management and resolution of swelling. Night splints as part of a treatment regimen that may include stretching, range of motion exercises, and NSAIDs may be effective in treating plantar fasciitis, though evidence is limited. As per the documentation submitted, the injured worker's physical examination of the right ankle does not reveal significant instability. Immobilization is not recommended in the absence of a clearly unstable joint. Based on the clinical information received and the California MTUS ACOEM Practice Guidelines, the request is not medically necessary.

AN MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The California MTUS ACOEM Practice Guidelines state for most patients presenting with true foot and ankle disorders, special studies are usually not needed until after a

period of conservative care and observation. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment for the right ankle prior to the request for an imaging study. There are no recent x-rays obtained prior to the request for an MRI. As the medical necessity has not been established, the current request is not medically appropriate. Therefore, the request is not medically necessary.

A SPINE ORHTOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the spine that would warrant the need for a specialty referral. There was no imaging studies provided for review. There is also no mention of an exhaustion of conservative treatment. Based on the clinical information received, the request is not medically necessary.

AN ORTHOPEDIC SURGERY CONSULTATION TO ADDRESS LUMBAR SPINE SURGICAL INTERVENTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the spine that would warrant the need for a specialty referral. There were no imaging studies provided for review. There is also no mention of an exhaustion of conservative treatment. Based on the clinical information received, the request is not medically necessary.

ENDOSCOPY: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States (US) National Library of Medicine, US Department of Health and Human Services, and National Institutes of Health.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address this clinical situation. An Esophagogastroduodenoscopy (EDG) is a test to examine the lining of the esophagus, stomach, and first part of the small intestine. An EGD may be completed if a patient has symptoms such as black or tarry stools or vomiting blood, regurgitation, feeling of fullness sooner than normal or after eating less than usual, feeling that food is stuck behind the breast bone, heartburn, low blood count, pain or discomfort in the upper abdomen, swallowing problems, weight loss, or nausea and vomiting that does not go away. The injured worker does not present with any of the abovementioned symptoms or signs suggestive of an abnormality. As the medical necessity has not been established, the current request is not medically appropriate. Therefore, the request is not medically necessary.

VICODIN 7.5/500 MG #90: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Vicodin 7.5 mg for an unknown duration. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.