

Case Number:	CM14-0009345		
Date Assigned:	02/14/2014	Date of Injury:	12/11/2006
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 patient is a 51 year old male who was injured on 12/11/2006. The mechanism of injury is unknown. Diagnostic studies reviewed include X-ray of the left hip unilateral dated 05/28/2013 revealed left hip osteoarthritis, surgical hardware and healed fracture of the mid left femoral shaft is incompletely included; and status post internal fixation of the symphysis. Neurology report dated 12/12/2013 reports the patient presents for follow-up of severe traumatic brain injury with secondary headaches, autonomic dysfunction, and hydrocephalus requiring a shunt. He also has OBS from the TBL. He suffered complicated orthopedic injuries to the pelvis and legs as well as to the spine. He has severe leg and back pain. He reported his vision problems have returned and reading or working with a computer makes him nauseated. His bladder control and his ability to empty his bladder has returned. He has not had renal stones as in the past. The patient reports dry mouth and dry eyes from his medications. He reported urgency and nocturia several times a night. He states all of his joints ache and it takes a long time for his joints to loosen up, if they ever do at all. He has intermittent swelling of the legs. On exam, a shunt bulb was present in the right frontal area. His temporal, peripheral and carotid pulses were decreased. The back range of motion was very limited due to pain and spasm. On neuro exam, jaw jerk was not present. There were no Hoffman's. He could barely do heel-to-shin testing. Light touch was intact. Vibration was severely decreased in the toes and moderately decreased in the ankles. Proprioception was decreased in the toes. Romberg's sign was positive. Assessment and plan include 1) Traumatic brain injury with secondary memory 2) Depression with anxiety 3) Central hypothyroidism 4) Primary and secondary hypogonadism 5) Neurogenic bowel and bladder and erectile dysfunction 6) History of renal stones 7) Right gynecomastia with elevated prolactin 8) Communication hydrocephalus 9) Dental and bone deterioration from the effects of chronic opiates 10) Ophthalmoplegia with diplopia and inability to converge 11) Chronic pain from leg

and pelvic fractures and repair 12) Chronic radiculopathy in the neck and back 13) Torticollis and spasmodic scoliosis from number twelve and 14) Severe autonomic dysfunction with GERD. Prior UR dated 01/10/2014 states the request for a renal ultrasound, aquatic therapy and arterial doppler of the legs are non-certified as there were no findings to support the suggestion of an adrenal tumor and there is no documented evidence to support peripheral arterial insufficiency. It is noted that the doctor withdraw her request for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENAL ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.cancer.org/cancer/kidneycancer/detailedguide/kidney-cancer-adult->

Decision rationale: CA MTUS and ODG do not discuss the issue. According to the references, Ultrasound uses sound waves to create images of internal organs. For this test, a small, microphone-like instrument called a transducer is placed on the skin near the kidney after a gel is applied. The transducer gives off sound waves and picks up the echoes as they bounce off the tissues in the kidney. The echoes are converted by a computer into a black and white image that is displayed on a computer screen. This test is painless and does not expose you to radiation. Ultrasound can help find a kidney mass and show if it is solid or filled with fluid (kidney tumors are more likely to be solid). Different echo patterns also can help doctors tell some types of benign and malignant kidney tumors from one another. According to the medical addendum report dated 4/23/13 (however signed date of report is 12/12/13), the physician is requesting a renal ultrasound to see if the patient has a renal tumor. However the medical records do not appear to document a medical history and/or clinical findings that would indicate a renal tumor. Signs and symptoms that would raise suspicion of a renal obstruction are not indicated. There is no documentation of abnormal urine, uncontrollable hypertension or electrolyte imbalance. Clinically relevant abnormal urinalysis and laboratory test results have not been revealed. The medical records do not establish the requested study is medically indicated. Therefore, the request is not medically necessary.

ARTERIAL DOPPLER LEGS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003777.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/pad/diagnosis.html>

Decision rationale: CA MTUS and ODG do not discuss the issue. According to the references, "A Doppler ultrasound looks at blood flow in the major arteries and veins in the limbs. During this test, handheld device is placed on your body and passed back and forth over the affected area. A computer converts sound waves into a picture of blood flow in the arteries and veins. The results of this test can show whether a blood vessel is blocked. The results also can help show the severity of P.A.D." According to the medical addendum report dated 4/23/13 (however signed date of report is 12/12/13), the physician is requesting an arterial doppler of the legs to see if the patient has vascular claudication. However, the medical records do not document the existence of objective findings on examination that would indicate possible ischemia or claudication in the limb is present. In addition, there is no documentation of abnormal findings of blood pressure evaluation of the limb or ankle-brachial index. He denies history of DVT and does not have diabetes. The medical records do not establish the existence of clinical findings and history that support the medical necessity of the requested study. Therefore, the request is not medically necessary

WATER THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: According to CA MTUS, Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Based on the documented examination findings, the medical records do not establish the patient requires reduced weight bearing. Furthermore, the patient's industrial injury dates back to December 2006, he is more than 7 years post date of injury. It is reasonable that the patient has undergone extensive physical therapy to date. The medical records do not document the patient had obtained objective functional improvement with prior therapy. Also, at this juncture, he should be adequately versed in an independent home exercise program. The medical necessity for aqua therapy has not been established. Therefore, the request is not medically necessary.