

Case Number:	CM14-0009568		
Date Assigned:	02/14/2014	Date of Injury:	03/24/2011
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
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 Board Certified in Orthopedic Surgery, and is licensed to practice in Mississippi. 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 67 year old female who was injured in March 2011. The mechanism of injury was not provided for review. The listed diagnosis is a contusion of the knee, forearm pain, and a lumbar neuritis. Previous clinical examination noted the pain level to be 8/10 with a decreased range of motion in the upper extremity, lower extremity, and low back. McMurray's test is reported to be positive. The physical examination notes the injured worker to be 4'11", 140 pounds, and hypertensive. There are complaints of bilateral knee pain, bilateral wrist pain and low back pain. Muscle spasm is noted in the lower lumbar region associated with a decreased lumbar spine range of motion. The clinical assessment is a lumbar disc protrusion, carpal tunnel syndrome, sprain/strain of the knee and elevated blood pressure. A course of physical therapy was also completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT/EVALUATION FOR CUSTOM FUNCTIONAL ORTHOTICS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 14, ANKLE AND FOOT COMPLAINTS, 371

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

Decision rationale: The noted injuries involved are bilateral wrist carpal tunnel syndrome, bilateral forearms as well as bilateral knees (sprain/strain) and a lumbar spine myofascial strain. According to the ACOEM, the use of custom orthotics is limited to those who carry a diagnosis of plantar fasciitis. In that this diagnosis has not been addressed, mentioned, and there are no physical examination findings reported to indicate the need for such orthotics. Therefore, the request is not considered medically necessary.

ACUPUNCTURE TWO TIMES PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The records presented for review do not indicate any specific region for acupuncture. Furthermore, as noted in the Acupuncture Medical Treatment Guidelines, such interventions are to be completed within weeks of the date of injury. Given the date of injury, current physical generation findings and the noted diagnoses, there is no clinical indication for acupuncture of an unknown location. As such, the request is not medically necessary.

CARDIO-RESPIRATORY DIAGNOSTIC TESTING: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127

Decision rationale: The injuries sustained were noted as low back strain, bilateral knee sprain/strain and bilateral carpal tunnel syndrome. There are no progress notes indicating any type of cardiac insufficiency and there is a single notation of one episode of hypertension in this 67-year-old individual. As such, there is insufficient clinical data presented to suggest the need for a cardiorespiratory diagnostic assessment. As such, the request is not medically necessary.

CARDIO- RESPIRATORY/AUTONOMIC FUNCTION ASSESSMENT: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127

Decision rationale: The injuries sustained were noted as low back strain, bilateral knee sprain/strain and bilateral carpal tunnel syndrome. There are no progress notes indicating any type of cardiac insufficiency and there is a single notation of one episode of hypertension in this 67-year-old individual. As such, there is insufficient clinical data presented to suggest the need for a cardiorespiratory diagnostic assessment. As such, the request is not medically necessary.

REFERRAL TO MEDICINE DOCTOR FOR MEDICATION CONSULT: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127

Decision rationale: The injury sustained was noted be a low back strain, bilateral knee sprain/strain and bilateral carpal tunnel syndrome. There are no progress notes indicating why such a referral should be made, or what the 'medicine doctor' would address that the primary treating physician could not. There is insufficient information presented to support this referral. As such, the request is not medically necessary.