

Case Number:	CM14-0009709		
Date Assigned:	02/21/2014	Date of Injury:	11/06/2013
Decision Date:	08/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/25/2014

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 Occupational Medicine 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 50-year-old male patient with an 11/6/13 date of injury. The patient has sustained a cumulative trauma from October 2011 to 11/6/13. The patient has been followed by to chiropractors, reporting neck, low back, bilateral shoulder, elbow, wrist, hand, right groin, bilateral knee, ankle, feet pain, as well as blurry eyes and digestive problems. The patient attributes the injury to repetitive movements while reaching for plates above shoulder level, ascending and descending stairs, lifting and carrying food products, exposure to extreme temperatures, cooking, preparing meals, and cleaning motors. Diagnoses listed include multiple sprain/strain injuries, mild fasciitis, shoulder impingement, wrist tenosynovitis, groin sprain, synovitis/tenosynovitis of the thumb bilaterally, knee sprain, ankle and foot sprain, plantar fasciitis, inguinal hernia, gastritis, insomnia, anxiety, and depression. Physical exam demonstrates tenderness and muscle spasm in the cervical spine, decreased cervical range of motion, bilateral shoulder tendinitis and impingement signs, slightly decreased bilateral shoulder range of motion, elbow and arm tenderness, dysesthesia in the C7 and C8 dermatomes, lumbar tenderness and spasm, positive straight leg raise test, bilateral knee and leg tenderness, positive McMurray's bilaterally, some dysesthesia in the L5-S1 dermatomes. The 1/28/14 progress report indicates painful bilateral retrocalcaneal injection with residual pain. Physical exam demonstrates bilateral PA, tibialis posterior, peroneus longus, peroneus brevis, gastrocnemius, soleus muscle weakness bilaterally. There is moderate hypersensitivity of the lateral sural and sural nerves bilaterally; hyposensitivity of the superficial peroneal, deep peroneal nerves. There is hypersensitivity of the medial plantar, lateral plantar, medial calcaneal and lateral calcaneal harsh bilaterally. There is pain over the lateral calcaneal bodies, especially the posterior aspect at the site of the insertion of the Achilles tendon. X-rays of the bilateral knees revealed a 2 mm focus of ossification at the insertion of the patella. Right shoulder X-rays demonstrates acromial down sloping and 5mm

vertical diastasis of the AC joint. Left shoulder X-rays demonstrate down sloping of the acromion which may predispose to impingement. Treatment to date has included chiropractic care, ESWT, acupuncture, physical therapy, medication, and activity modification. There is documentation of a previous 1/15/14 adverse determination because of little clinical information about indications and lack of response to previous care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATIVE THERAPY WITH MULTI MODALITIES, ONE TIME PER WEEK FOR FOUR WEEKS, TO CERVICAL, THORACIC, LUMBAR, BILATERAL SHOULDERS, BILATERAL ELBOWS, BILATERAL WRISTS/HANDS, KNEES, LOWER LEGS, ANKLES, AND FEET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous chiropractic therapy. In addition, the number of visits completed to date was not readily identified. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. Therefore, the request for chiropractic manipulative therapy with multimodalities, one time per week for four weeks, to cervical, thoracic, lumbar, bilateral shoulders, bilateral elbows, bilateral wrists/hands, knees, lower legs, ankles, and feet is not medically necessary.

CHIROPRACTIC MANIPULATIVE THERAPY ONE TIME PER MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding

return to work as a result of previous chiropractic therapy. In addition, the number of visits completed to date was not readily identified. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. Therefore, the request for chiropractic manipulative therapy one time per month is not medically necessary.

**MULTI-MODALITY ADJUNCTIVE PHYSIOTHERAPY AND WORK
CONDITIONING, ONE TIME PER MONTH: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The Physical Medicine Guidelines allow for fading of treatment frequency. The CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the number of visits completed to date was not readily identified. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. It is unclear why an additional series of intensive PT beyond a normal course of PT would be required. Therefore, the request for multi-modality adjunctive physiotherapy and work conditioning, one time per month is not medically necessary.

X-RAYS OF BILATERAL KNEES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The CA MTUS states that for patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The patient presented with persistent knee complaints following conservative care. Therefore, the request for X-rays of bilateral knees is medically necessary.

MRI OF CERVICAL 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 8 Neck and Upper Back

Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Neck and Upper Back Chapter), MRI.

Decision rationale: The CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, the patient is under ongoing conservative care, and there is no evidence of failure to improve with such measures of conservative care. Therefore, the request for MRI of the cervical spine is not medically necessary.

MRI OF 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): 303-304.

Decision rationale: The CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, the patient is under ongoing conservative care, and there is no evidence of failure to improve with such measures of conservative care. Therefore, the request for MRI of the lumbar spine is not medically necessary.

MRI OF BILATERAL SHOULDERS: 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): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Shoulder Chapter, MRI).

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. However, the patient is under ongoing conservative care, and there is no evidence of failure to improve with such measures of conservative care. Therefore, the request for Magnetic Resonance Imaging (MRI) of bilateral shoulders is not medically necessary.

MRI OF BILATERAL KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

(Knee and Leg Chapter).

Decision rationale: The CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. Plain films were obtained and non-diagnostic. However, there are no documented episodes of mechanical symptoms. The patient is under ongoing conservative care, and there is no evidence of failure to improve with such measures of conservative care. Therefore, the request for MRI of the bilateral knees is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF BILATERAL UPPER 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 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter) EMG/NCS.

Decision rationale: The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. However, the patient is under ongoing conservative care, and there is no evidence of failure to improve with such measures of conservative care. Therefore, the request for electromyography (EMG) of bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF BILATERAL UPPER AND LOWER EXTREMITIES: 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 ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter) EMG/NCS.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, the patient is under ongoing conservative care, and there is no

evidence of failure to improve with such measures of conservative care. Therefore, the request for the nerve conduction velocity (NCV) studies of the bilateral upper and lower extremities are not medically necessary.

PHYSICAL MEDICINE & REHAB CONSULTATION: 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 6- Independent Medical Examinations and Consultations, (pp 127, 156).

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, specific questions to be addressed were not identified. There is no evidence that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. Therefore, the request for a physical medicine & rehab consultation is not medically necessary.

PODIATRIC CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 112.

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 6- Independent Medical Examinations and Consultations, pages 127 and 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, specific questions to be addressed were not identified. There is no evidence that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. Therefore, the request for a podiatric consultation is not medically necessary.

GENERAL MEDICINE CONSULTATION: 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 6- Independent Medical Examinations and Consultations, (pp 127, 156).

Decision rationale: The CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when

psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, specific questions to be addressed were not identified. There is no evidence that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. Therefore, the request for a general medicine consult is not medically necessary.

GENERAL SURGERY CONSULT FOR HERNIA: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6- Independent Medical Examinations and Consultations, pages 127 and 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The patient is followed by chiropractors and presents with a symptomatic inguinal hernia on exam. Therefore, the request for a general surgery consult for hernia is medically necessary.

OPHTHALMOLOGY/OPTOMETRY 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 6- Independent Medical Examinations and Consultations, pages 127 and 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, specific questions to be addressed were not identified. There is no evidence that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. A comprehensive ophthalmological exam was not recently documented. Therefore, the request for an Ophthalmology/Optometry consult is not medically necessary.