

Case Number:	CM14-0106277		
Date Assigned:	08/25/2014	Date of Injury:	05/14/2014
Decision Date:	10/13/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehabilitation & Pain Medicine and is licensed to practice in Oklahoma. 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 46-year-old male who reported an injury on 05/14/2014 due to cumulative trauma. On 06/23/2014 the injured worker presented with headaches and complaints of cervical spine, thoracic spine, lumbar spine, and bilateral knee pain. Upon examination of the bilateral knee there was a positive bilateral McMurray's and decreased right knee flexion with full extension bilaterally. There was tenderness to palpation to the medial lateral joint line in the bilateral knees. Examination of the lumbar spine noted restricted lumbar range of motion with bilateral erector spinae myospasm. There was a positive bilateral straight leg raise. There was restricted cervical range of motion with bilateral paraspinal and trapezius myospasm with positive Spurling's test. There was decreased sensation in the median nerve distribution of the bilateral hands. There was decreased range of motion with positive impingement testing in the shoulders. The diagnoses were impingement syndrome of the bilateral shoulders, cervicogenic headaches, insomnia, dermatologic issues, depression and anxiety, GI upset/GERD, status post right knee surgery times 2, left knee, rule out internal derangement, thoracic musculoligamentous injury, rule out cervical and lumbar discopathy, sexual dysfunction and high blood pressure. The provider recommended 8 physical therapy visits for the bilateral knee and lumbar spine, an MRI of the cervical spine, lumbar spine, left knee and MR arthrogram of the right knee, and a consultation for blood pressure, GI upset, and sleep disturbances, dermatologist consultation, and a sleep study. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the bilateral knees and lumbar 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, Physical Therapy

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

Decision rationale: The request for 8 physical therapy visits for the bilateral knees and lumbar spine is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, function, endurance, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy, however, the amount of physical therapy visits that have already been complete was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request does not indicate the frequency of the therapy visits in the request as submitted. As such, medical necessity has not been established.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The request for MRI of the cervical spine is not medically necessary. California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who cannot respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documentation does not show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. In absence of documentation showing the failure of initially recommended conservative care including active therapies and neurologic deficits on physical exams, and MRIs not supported by the reference guidelines. As such, medical necessity has not been established.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who cannot respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documentation does not show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. In absence of documentation showing the failure of initially recommended conservative care including active therapies and neurologic deficits on physical exams, and MRIs not supported by the reference guidelines. As such, medical necessity has not been established.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: The request MRI of the left knee is not medically necessary. California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who cannot respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documentation does not show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. In absence of documentation showing the failure of initially recommended conservative care including active therapies and neurologic deficits on physical exams, and MRIs not supported by the reference guidelines. As such, medical necessity has not been established.

MR Arthrogram of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: The request for MR Arthrogram of the right knee is not medically necessary. California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who cannot respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documentation does not show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. In absence of documentation showing the failure of initially recommended conservative care including active therapies and neurologic deficits on physical exams, and MRIs not supported by the reference guidelines. As such, medical necessity has not been established.

Consultation for blood pressure, GI upset, and sleep disturbance: 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), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for Consultation for blood pressure, GI upset, and sleep disturbance is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in the assessing the diagnoses, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There is no clear rationale to support the need for a consultation. There is lack of signs and symptoms or diagnoses that needed to be addressed with the request of the consultation. There was lack of evidence on how a consultation will aid the provider in a treatment plan or goals for the injured worker. As such, medical necessity has not been established.

Sleep study: 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) Pain, Polysomnography.

Decision rationale: The request for Sleep study is not medically necessary. The Official Disability Guidelines recommend a polysomnography or sleep study after at least six months of

insomnia (at least four nights a week). The injured worker must have been unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. It is not recommended for routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders. Recommended for use of a polysomnography or sleep study include excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality changes, sleep related breathing disorders or periodic limb movement disorders, insomnia complaint for at least 6 months and at least 4 nights a week and unresponsive the behavior interventions and sleep promoting medication and psychiatric etiology has been excluded. Based on the above guidelines a sleep study would not be warranted. As such, medical necessity has not been established.

Dermatologist 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), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for Dermatologist consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in the assessing the diagnoses, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There is no clear rationale to support the need for a consultation. There is lack of signs and symptoms or diagnoses that needed to be addressed with the request of the consultation. There was lack of evidence on how a consultation will aid the provider in a treatment plan or goals for the injured worker. As such, medical necessity has not been established.