

Case Number:	CM14-0014300		
Date Assigned:	06/06/2014	Date of Injury:	04/20/2011
Decision Date:	07/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 32-year-old male who reported an injury on April 20, 2011. The mechanism of injury was a fall. A physician's progress report dated January 14, 2014 found the injured worker with a complaint of constant, moderate, dull, achy, sharp low back pain and stiffness. The injured worker stated that standing, walking, and squatting aggravated this pain. His lumbar spine did reveal trigger points. The range of motion was decreased and painful. The range of motion values for extension were 10/25 degrees, forward flexion 25/60 degrees, and left lateral bending 15/25 degrees. There was tenderness to palpation over the lumbar paravertebral muscles. There was spasm in the lumbar paravertebral muscles. A straight leg raise was positive on the right. Kemp's test was positive bilaterally. The recommendation included an echocardiogram due to essential hypertension. The blood pressure for the injured worker on this date was 138/92. Also recommended was chiropractic care twice per week for 4 weeks to increase range of motion and activities of daily living as well as decrease pain. Lastly, a recommendation to consult with a podiatrist was made. The injured worker had prior treatments of physical therapy; this was documented to not provide a benefit. The request for authorization for medical treatment is dated November 21, 2013 for the echocardiogram. The documentation failed to provide the Request for Authorization for Medical Treatment for the consultation with the podiatrist and the chiropractic sessions twice a week for 4 weeks. In addition, the documentation failed to provide a rationale for the consultation with the podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECHOCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th Ed., page 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Web MD.com/ hypertension.

Decision rationale: A document on WebMD for hypertension indicates an electrocardiogram is an ultrasound examination of the heart taken through the chest. Sound waves take a picture of the heart as it beats and relaxes and then transmits these images to a video monitor. The electrocardiogram can detect problems with the heart such as enlargement, abnormalities in motion of the heart wall, blood clots, and heart valve abnormalities. It also gives a good measurement of the heart muscle. The electrocardiogram is more comprehensive than an ECG, but also more expensive. The physician's progress report dated January 14, 2014 does indicate a blood pressure of 138/92. It also indicates that the provider recommends an echocardiogram for essential hypertension. However, an echocardiogram is used for detection of problems of the heart such as enlargement, abnormalities in motion of the heart wall, blood clots, and heart valve abnormalities. The documentation fails to provide conservative measures used for hypertension thus far. Therefore, the request for an echocardiogram is not medically necessary.

CHIROPRACTIC SESSIONS, 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines indicate manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. It supports a trial of 6 sessions over 2 weeks for the lumbar spine. The most recent physician's progress report dated January 14, 2014 indicates the injured worker has pain that is aggravated by standing, walking, and squatting. Although the injured worker was noted to have decreased lumbar spine range of motion, the request as submitted is for 8 sessions which exceeds guideline recommendations for a trial of 6 sessions. Therefore, the request for chiropractic sessions twice a week for 4 weeks is not medically necessary.

CONSULTATION WITH A PODIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWN Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot, office visits.

Decision rationale: The Official Disability Guidelines Foot and Ankle Section do indicate office visits recommended as medically necessary. However, the physician's progress report dated January 14, 2014 does not indicate any need for a podiatrist due to lack of documentation of any foot or ankle symptoms. Therefore, the request for consultation with a podiatrist is not medically necessary.