

Case Number:	CM14-0141268		
Date Assigned:	10/09/2014	Date of Injury:	02/27/2014
Decision Date:	11/04/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Interventional Spine 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 45 year old female with an injury date of 02/27/14. Per the 08/08/14 report by [REDACTED], the patient presents with injury to the lower back, bilateral calves, right wrist and right ankle. The patient is not working. Examination of the lumbar spine reveals tenderness and spasm in the right lower back. Pain is reproduced with motion, Lasegue test is positive on the right and there is decreased sensation at the plantar aspect of the right foot. Examination further reveals tenderness over the piriformis tendon on the right and trochanteric bursa on right and left of the bilateral hips. The bilateral calves are tender with some soft tissue thickening consistent to soft tissue tearing and scar formation. The right ankle shows some tenderness and swelling about the anterolateral aspect. The 03/04/14 X-ray of the right wrist presents the following impression: Negative right wrist. The patient's diagnoses include: Herniated disc, 6 mm L5-S1 Sacroiliac joint injury with sprain/strain at these joints Trochanteric bursitis, bilateral hips Piriformis tendinitis right hip Contusion vs tear, bilateral calves Ligament injury right ankle The utilization review being challenged is dated 08/22/14. The rationale regarding Physical Therapy lumbar is that prior therapy was provided without documentation of functional improvement and persistent deficits remained requiring referral for ESI. Reports from 02/27/14 to 08/08/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The patient presents with injury to the lower back, bilateral calves, right wrist, and right ankle. The treating physician requests for a decision for Physical Therapy 3x4 weeks lumbar. Reports do not indicate prior lumbar surgery. MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The treating physician states on 08/08/14 that therapy with ultrasound, massage and therapeutic exercises addressing the lower back is requested. The reports provided show that the patient completed 6 visits for the lower back and lower extremities including aqua therapy on 04/09/14. The report states current pain level is 6/10 and that pain appears to be neurogenic. Six additional sessions were recommended by the therapist following EMG results. Seven visits were completed from 06/23/14 to 07/17/14 for treatment of the lower back, bilateral knees, ankles and thighs. On 06/30/14 the treating physician states the patient is encouraged to continue her Home Exercise Program. In this case, the reports provided do not explain why additional treatment is needed at this time. There is no discussion as to why the Home Exercise Program is inadequate nor do the physical therapy treatment reports provided document functional improvement in the patient. Furthermore, the 12 visits requested exceed what is allowed per MTUS above. Therefore, this request is not medically necessary.

MRI of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Forearm, Wrist & Hand Procedure Summary (updated 8/8/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines Forearm, Wrist and Hand Chapter, MRI's

Decision rationale: The patient presents with injury to the lower back, bilateral calves, right wrist, and right ankle. The treating physician requests for a decision for MRI of right wrist. On 08/08/14 the treating physician states the request is to rule out ulnar collateral ligament tear of triangular fibrocartilage complex tear. ODG guidelines Forearm, Wrist and Hand Chapter, MRI's Topic, states indications for imaging include: "Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)." In this case, the reports provided show the treating physician's suspicion regarding ulnar collateral ligament tear and the patient suffered injury to the right wrist. There is no indication of a prior MRI. Therefore, this request is medically necessary.

MRI of the right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Ankle & Foot Procedure Summary (updated 7/29/14), Indications for imaging-MRI (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines Ankle and Foot Chapter; MRI

Decision rationale: The patient presents with injury to the lower back, bilateral calves, right wrist, and right ankle. The treating physician requests for a MRI of right ankle. ODG guidelines Ankle and Foot Chapter MRI Topic, states that imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. The treating physician does not discuss this request in the reports provided, and there is no indication of a prior MRI. In this case, given the patient's persistent ankle pain and the treating physician's concern for ligamentous injury, an MRI appears appropriate. There is no evidence that the patient has had an MRI. Therefore, this request is medically necessary.

MRI of the right calf: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Knee & Leg Procedure Summary (updated 6/5/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, Knee & Leg Chapter, MRI Topic

Decision rationale: The patient presents with injury to the lower back, bilateral calves, right wrist, and right ankle. The treating physician requests for a decision for MRI of right calf. The treating physician states on 08/08/14 the request is to rule out muscle tear and scarring. ODG guidelines, Knee & Leg Chapter, MRI Topic, states, "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." Indications for imaging in this topic discuss only the knee. In this case, the reports provided indicate no prior MRI for this body part. ODG recommends MRI for soft tissue injuries and the treating physician is concerned about muscle tear and scarring. Therefore, this request is medically necessary.