

Case Number:	CM14-0162263		
Date Assigned:	10/07/2014	Date of Injury:	02/07/2014
Decision Date:	12/09/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/02/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 54 year old male who had a date of work injury 2/7/14. The diagnoses include derangement of joint not otherwise specified of shoulder (bilateral); internal derangement of knee not otherwise specified (Right); sprains and strains of ankle (Right). Under consideration are requests for physical therapy 3x4, bilateral shoulder/right knee-ankle; internal medicine consult; EMG/NCS bilateral lower extremities; MRI bilateral shoulders; Follow up 5 weeks; MRI of the right ankle. There is an 8/27/14 primary treating physician report that states that the patient fell from a height of 3-4 feet and his right lower extremity passed through a hole or opening that was a bout 4x16 inches wide while his both hands still held the wall. He shouted and called for help and his two other coworkers held him in his shoulders and On June 11, 2014, the patient underwent right ankle surgery. On July 7, 2014" the patient started attending postoperative physical therapy to his right ankle. He states that the therapy does not improve his ankle pain and he feels like his symptoms worsen after the surgery. From July 7, 2014 until August 26, 2014, the patient already completed 11 sessions of physical therapy which remained beneficial against right ankle pain. He denies receiving any examination to his bilateral shoulder. The patient is currently not working. He last worked on February 7, 2014, and is currently receiving disability benefits. The patient presents today with complaints of continuous pulling pain in his bilateral shoulder with associated numbness and tingling sensation. His pain radiates to his arms and elbows. He rates his pain as 7 /10 but it would increase to 10/10 whenever he sleeps. He cannot sleep on his side. His pain increases with lifting" reaching, pulling and pushing. Massage and ice application relieve the pain. The patient reports pain in the right leg

including his right knee which he rates as 7-8/10. He experiences leg weakness but denies using a cane or assistive device in walking. Prolonged standing and walking, climbing up and down stairs aggravate the pain. The patient complains of sharp right ankle pain with associated occasional swelling. He experiences numbness and tingling sensation as well. The patient rates the pain as 7-8/10 that radiates to his entire foot and toes. He reports feeling that there is a "loosen bone in his ankle when he walks. He has limited range of motion in the right foot. Prolonged walking and standing aggravate the pain. On physical examination there is no swelling or warmth. There appears to be no deformities or asymmetry. There are no signs of external trauma, ecchymoses, lacerations, abrasions or hematoma. There is tenderness to pressure over bilateral anterior shoulders. The right shoulder range of motion reveals: forward flexion (135/180), extension (20/30), internal rotation (40/60), external rotation (60/80), abduction (135/180), and adduction (25/45). The left shoulder reveals forward flexion (135/180), extension (20/30), internal rotation (40/60), external rotation (60/80), abduction (135/180), and adduction (25/45). There is a positive bilateral shoulder impingement sign. The knees revealed a well healed scar about the right knee and shin. There is tenderness to pressure over the medial joint line. The right knee revealed flexion (140/140), extension (180/180). The right ankle revealed that the anterior drawer (negative), posterior drawer (negative), McMurray's (+). The feet and ankles revealed no swelling or warmth. There is no swelling or warmth. There are no signs of external trauma, ecchymoses, lacerations, abrasions or hematoma. There is no tenderness to pressure over the right TFL ligament. Sensation was reduced in the right foot. The bilateral ankle range of motion was full. The right ankle drawer sign (negative), Lateral Instability (+) Medial Instability (negative). The initial x-rays of the right ankle reveal normal study as well as right leg normal study and right foot normal study with right knee x-rays also normal study. An MRI scan to the right ankle performed on March 7, 2014 in which there is evidence of mild insertional tendinopathy of the posterior tibial tendon and tendinopathy also involving the peroneal brevis tendon and mild edema in the area, but no tears of the tendon or retinaculum are seen and mild Achilles tendinopathy, but no tear and mild scarring of the anterior talofibular ligaments but no acute tears are seen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4, Bilateral shoulder/right knee-ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Physical Therapy

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

Decision rationale: The physical therapy 3x4, bilateral shoulder/right knee-ankle is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for the patient's shoulder conditions. The documentation indicates that the patient has already had right ankle therapy and the patient has not had benefit from this therapy. Without evidence of functional improvement from prior ankle therapy and the request for an excess of 10 visits as recommended by the guidelines, the request as written for physical therapy 3x4, bilateral shoulder/right knee-ankle is not medically necessary.

EMG/NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176.

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

Decision rationale: The EMG/NCS of the bilateral lower extremities are not medically necessary per the MTUS ACOEM Practice Guidelines. The ACOEM guidelines state that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation submitted does not indicate any objective or subjective findings of symptoms in the left lower extremity. The documentation does not indicate any subjective or objective exam findings that suggest peripheral polyneuropathy or entrapment/compression neuropathy or symptoms suggestive of radiculopathy. Therefore, the request for EMG/NCS bilateral lower extremities is not medically necessary.

MRI 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, Shoulder Chapter, Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 303.

Decision rationale: The MRI of the bilateral shoulders is not medically necessary per the MTUS guidelines. The MTUS guidelines state that imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The documentation indicates that the patient has not had conservative care such as physical therapy at this point prior to having an MRI. The request for MRI of the bilateral shoulders is not medically necessary.

MRI right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter, Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot- Magnetic resonance imaging MRI

Decision rationale: The MRI of the right ankle is not medically necessary per the MTUS Guidelines and the ODG guidelines. The MTUS guidelines state that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). The guidelines state that magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has had an ankle MRI in April of 2014. It is not clear why the patient requires a new MRI of the ankle. Therefore, the request for MRI of the right ankle is not medically necessary.

