

Case Number:	CM14-0163619		
Date Assigned:	10/08/2014	Date of Injury:	05/26/2014
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Pain Medicine, and is licensed to practice in California & Washington. 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 54 year old male who reported an injury on 05/26/2014. The mechanism of injury was cumulative trauma. His diagnoses included bilateral knee arthralgia, lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, right de Quervain's disease, right knee sprain/strain, loss of sleep, and psychological component. On a clinical note dated 08/12/2014, his past treatments were noted as medications and a home exercise program. On 09/03/2014 he had complaints of constant mild lower back pain which radiated to his legs. The note is unclear in stating that "when he gets relief from low back pain, this relief leg pain." He was found to have constant severe right knee pain, numbness, and tingling which radiated to his right thigh. He had loss of sleep, depression, anxiety, and irritability due to the pain. Upon physical examination on 09/03/2014, his lumbar range of motion measured flexion at 48/60 degrees, extension was 14/25 degrees, left lateral bending was 20/25 degrees, and right lateral bending was 17/25 degrees. Tenderness 3+ was noted upon palpation of the lumbar paravertebral muscles and L4-S1. On that same date his right knee range of motion were measured with flexion at 125/140 degrees and extension measured 0/0 degrees. Tenderness 3+ was noted upon palpation to the anterior and medial knee. McMurray's and Posterior Drawer were normal while Varus and Anterior Drawer caused pain. On 8/12/2014 he was noted to be prescribed Norco 5/325mg, Naproxen, and Menthoderm, however, the clinical note from 09/03/2014 did not document any medications. On 09/03/2014 the treatment plan was noted to include Chiropractic with kinetic activities 2-3xweekx6wks, follow up with ophthalmologist, XRAY of lumbar spine and right knee, and refer to psych and sleep study. A rationale was not submitted with the request for chiropractic kinetic activities 3xwkx6wks, XRAY right knee, XRAY lumbar spine, ophthalmology consultant, referral to psych, and sleep study. The Request for Authorization was signed on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Kinetic Activities 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58,59,98,99. Decision based on Non-MTUS Citation ODG, Chiropractic Manipulation and Physiotherapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The request for Chiropractic Kinetic Activities 3 times a week for 6 weeks is not medically necessary. According to the California MTUS Guidelines, manual therapy is recommended for chronic pain from musculoskeletal conditions. The goal of chiropractic therapy is functional improvement which can be measured objectively with the aid of physical therapy or another therapeutic exercise program. However, the guidelines also mention that a trial should be no more than 6 visits over a 2 week period, and if functional gain is documented a total of 18 visits is recommended. Although his range of motion was gathered, the review lacked his motor strength and it was not clearly documented nor was it found in the documents that this is ongoing treatment. The information is not supported by the guidelines. Therefore, the request is not medically necessary.

X-ray right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for X-ray right knee is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not necessary in evaluation until after conservative care and observation. They also state the parameters for imaging is tenderness from palpation over the patella or fibular head, the inability to bear weight immediately or within a week of the experienced trauma, and the inability to flex the knee 90 degrees. The review lacks such details regarding his right knee. Tenderness was noted to the anterior and medial knee and his right knee flexion was noted at 125/140. There is also a lack of documentation regarding physical therapy for his knee and what medications are being taken. The information provided is not supported by the guidelines. As such, the request is not medically necessary.

X-ray lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The request for X-ray lumbar spine is not medically necessary. According to the California MTUS/ACOEM Guidelines, imaging of the lumbar spine is recommended after conservative was unable to provide functional improvements. There was a lack of pertinent documentation stating whether the injured worker participated in conservative care-such as physical therapy-for his lower back. The injured worker's range of motion to his lower back was measured but there were no other quantitative comparable findings to show improvement. The given information is not supported by the guidelines. As such, the request is not medically necessary.

Ophthalmology consultant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

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

Decision rationale: The request for Ophthalmology consultant is not medically necessary. According to the Official Disability Guidelines, the necessity for an office visit is based on the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The recommended eye examination frequency for this injured worker is every two years. The review given does not include pertinent documentation to this request. It is unclear as to when he was last examined by an ophthalmologist. The documents did not address any of his concerns, signs and symptoms, clinical stability, nor the physician's reasonable judgment for such visit. More pertinent documentation is needed in this regard. The documentation is not supported by the guidelines. Consequently, this request is not medically necessary.

Referral to Psych: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

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

Decision rationale: The request for Referral to Psych: is not medically necessary. According to the Official Disability Guidelines, the necessity for an office visit is based on the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. On 09/03/2014, he had loss of sleep, depression, anxiety, and irritability due to the pain. No other findings were noted regarding the injured worker's concerns, signs and symptoms, clinical stability, and the physician's reasonable judgment in consideration to a psychology referral. The

documentation provided is not supported by the guidelines. As such, the request is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Sleep Study

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Polysomnography

Decision rationale: The request for Sleep Study: is not medically necessary. According to the Official Disability Guidelines, polysomnography is recommended after 6 months of a complaint of insomnia for at least 4 nights out of the week, after behavior intervention and sleep aids have failed, and after psychiatric reason has been removed. The guidelines go on to say that sleep studies are recommended with the combination of headaches in the morning, cataplexy, excessive tiredness in the daytime, deterioration of the intellect, personality change, and sleep-related breathing disorder or periodic limb movement disorder. The documentation provided was noted to include the injured worker complained of lack of sleep due to his pain on 08/29/2014. No other documentation is provided in consideration of this request nor the guideline requirements. The information is not supported by the guidelines. As such, the request is not medically necessary.