

Case Number:	CM14-0026346		
Date Assigned:	06/13/2014	Date of Injury:	09/29/2010
Decision Date:	08/14/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 66-year-old male who reported an injury on 09/29/2010. The mechanism of injury was cumulative trauma. The injured worker complained of having an increased pain level of the back and limb. On physical examination dated 06/11/2014, paravertebral muscles exhibited hypertonicity and tenderness on both sides. Spurling's maneuver caused pain in the muscles of the neck, radiating to the upper extremity. On palpation of the lumbar spine, the paravertebral muscles, hypertonicity, spasms, and trigger point response was obtained. There was a twitch response along with radiating pain on palpation, as noted on both sides. Lumbar facet loading was positive on both sides. Range of motion was restricted by pain in the cervical spine with flexion at 15 degrees, extension was limited by pain, right lateral bending limited to 15 degrees, left lateral bending was at 15 degrees, lateral rotation to the left at 20 degrees, and lateral rotation to the right was at 25 degrees. Range of motion for shoulder with flexion was at 85 degrees, abduction was at 85 degrees, Hawkins test is positive, Neer's test was positive, empty can test was positive. Range of motion for the knee with flexion was at 100 degrees, crepitus is noted with active movement, and tenderness to palpation was noted over the lateral joint line, medial joint line, patella, and allodynia. Patellar grind test was positive. McMurray's test was positive. The injured worker was wearing neoprene braces. The injured worker's diagnoses were cervical radiculopathy, lumbar facet syndrome, and spinal stenosis of the lumbar, knee pain, shoulder pain, and pain in joint of lower leg. The treatment plan was explained to the injured worker that the only treatment option was surgical. There was a request for an electric wheelchair, massage therapy sessions x6, and a referral to an orthopedic surgeon. Past diagnostics and treatments were MRI of the cervical spine which revealed in the cervical spine, degenerative spondylolisthesis with severe central canal stenosis and severe right foraminal

stenosis secondary to severe right facet arthrosis; and syrinx versus myelomalacia disc osteophyte complex with central canal stenosis and foraminal stenosis, with 4 mm degenerative spondylolisthesis, with severe central canal stenosis and facet arthrosis from C7-T1. MRI of the lumbar spine revealed 4 mm of degenerative annular bulge with bilateral severe subarticular recess stenosis with mild bilateral neural foraminal stenosis; from L5-S1 4 mm posterior disc bulge and severe right subarticular recess stenosis with effacement of the right S1 nerve root. MRI of the shoulder dated 10/04/2011 revealed a longitudinal tear of the long head of the biceps; partial full-thickness tear of the supraspinatus tendon, subscapularis tendon; acromioclavicular degenerative joint disease, type II acromion and tenosynovitis of the biceps tendon. MRI of the knee was 03/23/2011 which revealed a medial meniscal tear; anterior horn tear of the lateral meniscus; ACL tear; moderate to severe degenerative joint disease and grade 1 chondromalacia. There was also an x-ray of the neck and back; and electromyogram with a nerve conduction study of the upper extremities. Past treatments were knee steroid injections and physical therapy that measured progress as poor, aquatic therapy and chiropractic services as well as a TENS unit and exercise. The injured worker does not taking medication, but used creams and heating pad. The Request for Authorization form and rationale was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC WHEELCHAIR: 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) Low back. Power mobility devices.

Decision rationale: The request for electric wheelchair is not medically necessary. According to the Official Disability Guidelines, power mobility devices are not recommended if the functional mobility can be sufficiently resolved by the prescription of a cane or a walker; or the patient has sufficient upper extremity function to propel a manual wheelchair; or there is a caregiver available, willing, and able to provide assistance with a manual wheelchair. On physical examination, it was documented that the injured worker had an antalgic gait, but was assisted and was able to propel in the manual wheelchair that he was also able to maneuver on his own. As such the request for an electric wheelchair was not medically necessary.

MASSAGE THERAPY X 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The request for massage therapy x6 sessions is not medically necessary. According to the California Medical Treatment Utilization Schedule Guidelines, massage therapy is recommended as an option and it should be limited to 4 to 6 visits in most cases. Massage therapy is a passive intervention and treatment, with a lack of long-term benefits. Guidelines indicate that this treatment should be an adjunct to other recommended treatments. The documentation submitted indicated that past physical therapy had not provided significant benefit. The requested massage therapy is a passive modality and is recommended to be performed in conjunction with more active therapy which has not been documented in this case. Therefore, the request for massage therapy is not medically necessary.

REFERRAL TO ORTHOPEDIC SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back pain Office visits.

Decision rationale: The referral to orthopedic surgeon is not medically necessary. According to the CA MTUS/ACOEM Guidelines, referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term and unresolved radicular symptoms after receiving conservative treatment. The injured worker had positive McMurray test and Neer's which are positive orthopedic tests. There was clinical documentation of cervical spine pain, lumbar spine pain, right shoulder pain, knee pain and bilateral carpal tunnel syndrome. In addition the injured worker participated in a physical therapy program with poor results. However, there was a lack of quantifiable functional deficits. The provider had discussed with the injured worker the possibility of surgical intervention; however, it was not specifically noted which area of the body he was indicating surgery would be supported for. The referral for orthopedic surgeon failed to mention the specific body location or part for the proposed request. Given the above, the request for referral to an orthopedic surgeon is not medically necessary.