

<b>Case Number:</b>	CM14-0035988		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee arthroscopy and partial meniscectomy surgery in mid to late 2013; and subsequent knee MRI imaging of March 7, 2014, notable for a complex tear involving the lateral meniscus. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for chiropractic work hardening, denied request for 24 sessions of physical therapy, denied request for 24 sessions of acupuncture, denied request for shock wave therapy, denied an internal medicine consultation, denied a pain management consultation, denied electrodiagnostic testing of the upper extremities, denied electrodiagnostic testing of the lower extremities, denied a psychological consultation, and denied a functional capacity evaluation. The claims administrator did not, however, incorporate any guidelines into its rationale and, moreover, incorporated non-MTUS ODG Guidelines on knee extracorporeal shockwave therapy, non-MTUS ODG Guidelines on electrodiagnostic testing, non-MTUS ODG Guidelines on functional capacity testing, and the now-outdated 2007 acupuncture medical treatment guidelines, which the claims administrator mislabeled as originating from the current MTUS. The applicant's attorney subsequently appealed. In an office visit dated February 18, 2014, the applicant apparently presented reporting hand pain, wrist pain, low back pain, knee pain, leg pain, foot pain, sleep disturbance, stress, anxiety, depression, weight gain, fatigue, headaches, shoulder pain, and neck pain. The applicant was apparently no longer working as her employer was unable to accommodate her restrictions. The applicant was placed off of work, on total temporary disability. Extracorporeal shock wave therapy, acupuncture, physical therapy, work conditioning, durable medical equipment, MR arthrography of the knee, and electrodiagnostic of

the bilateral upper and bilateral lower extremities were sought, along with a functional capacity evaluation. The treating provider stated that this is a baseline FCE to determine disability and will be repeated every six to eight weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Quantity 24 (3 times a week for 8 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 58, Manual Therapy and Manipulation topic. Page(s): 58.

**Decision rationale:** As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of manual therapy and manipulation is "four to six treatments." In this case, then, the 24-session course of treatment proposed represents treatment at a rate four to six times MTUS parameters. No rationale for initiation of treatment at a rate this far in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

**Physical Therapy Quantity 24 (3 times a week for 8 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine topic. Page(s): 99.

**Decision rationale:** The 24-session course of treatment proposed, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. No rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

**Acupuncture Quantity 24 ( 3 times a week for 8 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1.c.1, Acupuncture Medical Treatment Guidelines..

**Decision rationale:** As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. No

rationale for treatment at a rate four to eight times that endorsed in the MTUS was proffered by the attending provider. Therefore, the request is not medically necessary.

#### **Shock Wave Treatment for Shoulder Quantity 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Knee and Leg Chapter ESWT.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium-quality evidence supports extracorporeal shock wave therapy for the specific diagnosis of calcifying tendonitis of the shoulder, in this case, however, there is no evidence that the applicant has had x-rays or MRI imaging of the shoulder which did identify a diagnosis of calcifying tendonitis of the shoulder for which extracorporeal shock wave therapy would be indicated. Therefore, the request is not medically necessary.

#### **Internal Medicine Consult: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if the practitioner is uncomfortable with the particular line of enquiry or with treating a particular cause of delayed recovery. In this case, the applicant's new primary treating provider is a chiropractor who, in all likelihood, is uncomfortable with addressing allegations of insomnia, gastrointestinal irritation, headaches, and weight gain. Obtaining the added expertise of an internist who is likely qualified to address these issues is therefore indicated. Accordingly, the request is medically necessary.

#### **Pain Management Consult: Overturned**

**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 Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and

determine whether a specialist evaluation is necessary. In this case, the applicant has multifocal complaints of headaches, neck pain, back pain, shoulder pain, wrist pain, hand pain, knee pain, psychological stress, insomnia, etc. Obtaining the added expertise of a physician specializing in the same, such as a pain management consultant, is indicated. Therefore, the request is medically necessary.

**Bilateral EMG Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines EMG/NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing for a diagnosis of nerve root involvement if findings of history, physical exam, and imaging studies are consistent is "not recommended." In this case, the applicant recently transferred care to a new primary treating provider after having treated care elsewhere for large portions of her claim. It was not clearly stated whether or not (or if) the applicant had had earlier imaging studies which did definitively establish a diagnosis of cervical radiculopathy, for instance. The applicant's new primary treating provider did not state what treatment, treatments, and/or diagnostic studies had transpired over the course of the claim. It was not clearly stated what was suspected when the request for EMG testing of the bilateral upper extremities was made. Therefore, the request is not medically necessary.

**Bilateral EMG Lower Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines EMG/NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a clinically obvious radiculopathy is "not recommended." In this case, as with the request for the multiple other electrodiagnostic tests, no rationale for pursuit of electrodiagnostic testing was proffered by the attending provider. It was not clearly stated what was suspected. It was not clearly stated what was sought. It was not clearly stated whether or not the applicant already had an established diagnosis of lumbar radiculopathy, either clinically or radiographically. The applicant's new primary treating provider did not outline what treatment, treatments, and/or diagnostic studies had previously transpired. Therefore, the request is not medically necessary.

**Bilateral NCV Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines EMG/NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine use of NCV of EMG testing for diagnostic evaluation purposes is "not recommended." In this case, the fact that numerous diagnostic studies were concurrently sought does imply that the requesting provider was employing these studies for routine evaluation purposes without any intention of acting on the same. Therefore, the request is not medically necessary.

**Bilateral NCV Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines EMG/NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**Decision rationale:** Again, as with the request for the numerous other diagnostic studies, no clear rationale for the testing in question was furnished by the attending provider. The applicant's primary pain generator here, at least historically, had been the knee, the body part on which the applicant underwent surgery. However, as noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, electrical studies are deemed "not recommended," and are, in fact, contraindicated for nearly all knee injury diagnoses. No applicant-specific rationale was proffered to offset the unfavorable ACOEM position on the same. It was not clearly stated what was suspected. It was not clearly stated what was being sought with the nerve conduction testing request. Therefore, the request is not medically necessary.

**Psychological Evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose symptoms persist beyond three months and/or applicants whose symptoms become disabling. In this case, the applicant is off of work, although it is unclear whether this is a function of the applicant's mental issues or medical issues. The applicant's mental health symptoms, however, appear to have been present for a minimum of several months. Obtaining the added expertise of a mental health

professional such as a psychologist is therefore indicated. Accordingly, the request is medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness for Duty Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does note that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the applicant has been off of work for several years. The applicant, in all likelihood, no longer has a job to return to. It does not appear that the applicant is intent on returning to work. The applicant is still apparently receiving treatment for her many, multifocal, manifold pain complaints. It is not clear what role a functional capacity evaluation would have in this context. Therefore, the request is not medically necessary.