

Case Number:	CM14-0038526		
Date Assigned:	07/30/2014	Date of Injury:	09/20/2013
Decision Date:	10/16/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

This is a 22 year old male with a 9/20/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 12/26/13 noted subjective complaints of neck and back pain. Objective findings included cervical tenderness to palpation, normal range of motion. There was normal neurological exam of the upper extremities. There was lumbar spinal tenderness. It is noted in a 10/29/13 progress report that patient had finished initial PT but it did not help. It is noted in 12/26/13 progress report that prior chiropractic has not helped. Diagnostic Impression: neck strain, left knee strain, lumbar strain Treatment to Date: medication management, physical therapy, chiropractic, acupuncture A UR decision dated 3/19/14 denied the request for physical therapy 2 x/week x 4 weeks (8 visits). The patient has already had at least 6 PT treatments. Guidelines recommend home physical evidence. There was no evidence of home physical medicine. It also denied acupuncture 2x/week x 3 weeks (6 visits). There is no specific rationale provided. It also denied chiropractic care 2x/week x 4 weeks (8 visits). Chiropractic is not supported for the accepted body parts. It appears the patient is getting worse rather than showing objective improvement. It also denied shock wave therapy 6 sessions once/week x 6 weeks lumbar spine. This is only recommended in very few cases. It also denied EMG/NCV bilateral lower extremities. Guidelines state does not recommend EMG/NCV in cases of obvious radiculopathy. It also denied internal medicine referral. There is no specific rationale provided. It also denied MRI left knee. There is no specific rationale provided. It also denied functional capacity evaluation. It is problematic to rely solely upon FCE results for determination of current work capabilities and restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times /week X 4 weeks (8 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): PAGE 181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, it is noted that the previous 6 sessions of physical therapy had no benefit. It is unclear why additional sessions would be useful at this time. Therefore, the request for physical therapy 2 times/week x 4 weeks (8 visits) was not medically necessary.

Acupuncture 2 times/week X 3 weeks (6 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, in the documents provided for review, there is no documentation of any functional or objective benefit derived from prior acupuncture sessions. Therefore, the request for acupuncture 2 times/week x 3 weeks (6 visits) was not medically necessary.

Chiropractic Care 2 times /week X 4 weeks (8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support

manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. However, it is clearly documented in provider reports that prior chiropractic care was of no benefit. It is unclear how additional sessions would be of benefit now. Therefore, the request for chiropractic care 2 times/week x 4 weeks (8 visits) was not medically necessary.

Shock wave Therapy 6 sessions once/week X 6 weeks lumbar spine: Upheld

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

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 chapter

Decision rationale: CA MTUS does not address this issue. ODG states that shockwave Therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The requesting physician failed to establish compelling circumstances identifying why ESWT for the low back unit be required despite adverse evidence. Therefore, the request for shock wave therapy 6 sessions once/week x 6 weeks lumbar spine was not medically necessary.

EMG bilateral 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, there is documentation of normal neurological function of bilateral lower extremities including strength, sensation, and reflexes. It is unclear how electrodiagnostic studies would be beneficial to the patient. Therefore, the request for EMG bilateral lower extremities was not medically necessary.

NCS Bilateral 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, there is documentation of normal neurological function of bilateral lower extremities including strength, sensation, and reflexes. It is unclear how electrodiagnostic studies would be beneficial to the patient. Therefore, the request for NCS bilateral lower extremities was not medically necessary.

Internal Medicine referral: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent medical examinations and consultations page 127, 156 Official Disability Guidelines (ODG) pain chapter

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the documents provided for review, there is no stated rationale for the request for internal medicine referral. It is unclear how this would benefit the patient. Therefore, the request for internal medicine referral was not medically necessary.

MRI Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter

Decision rationale: CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee

pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. However, there is only a mention of knee pain and diagnosis of knee strain. There are no documented red flag symptoms or signs suggestive of more serious knee pathology. Therefore, the request for MRI left knee was not 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 ACOEM , Chapter 7 page 138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 page 132-139 Official Disability Guidelines (ODG) fitness for duty chapter, FCE

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no clear documentation that the patient's case is hampered by above mentioned complex issues. There is no specific rationale provided to substantiate the need for an FCE. Therefore, the request for functional capacity evaluation was not medically necessary.