

Case Number:	CM14-0046450		
Date Assigned:	07/02/2014	Date of Injury:	05/21/2013
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 48 year old female who suffered injuries on 05/21/13 when the bar-height stool she was sitting on broke, causing her to fall. The injured worker complains of pain in the neck, right shoulder, left wrist, low back, right knee and right ankle. The injured worker is diagnosed with cervical discopathy, lumbar discopathy and carpal tunnel/double crush syndrome. Records indicate a need to rule out internal derangement of the right knee and right ankle. Treatment to date has consisted of an unspecified amount of physical therapy, acupuncture, medications such as Anaprox DS, Flexeril and Tramadol and intramuscular injections. Clinical note dated 09/18/13 indicates physical therapy and acupuncture provided no benefit or functional improvement. Submitted documentation does not indicate the areas which were treated with intramuscular injections nor the injured worker's response to this treatment. Clinical note dated 10/01/13 references X-rays obtained on an unspecified date which reportedly demonstrated spondylosis from C4 to C7 with junctional kyphotic deformity, L5-S1 disc space height collapse. Imaging of the right shoulder, right ankle and left wrist are normal. Most recent clinical note dated 02/06/14 includes physical examinations of the injured worker's areas of complaint. The right shoulder is tender around the anterior glenohumeral region and subacromial space with overlap from the cervical root, the right knee is tender in the anterior joint line space and patellar grind test is positive and the right ankle is tender at the anterolateral aspect and there is pain with terminal motion. These findings are noted to be essentially unchanged from previous examinations. MRIs of the right ankle, right knee and right shoulder are ordered. A course of chiropractic care is also recommended. These requests are denied under a Utilization Review dated 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two (2) times a week for four (4) weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments, Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic care two times per week for four weeks for the lumbar spine is not recommended as medically necessary. MTUS does support the use of chiropractic care as an option for therapeutic care. It also states the intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program. The submitted documentation did not outline the injured worker's intended functional gains nor was it indicated that the chiropractic care would be utilized to facilitate participation in an exercise program. Based on the clinical information provided, medical necessity for chiropractic care for the lumbar spine is not established.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter Magnetic Resonance Imaging (MRI) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for an MRI of the right shoulder is not recommended as medically necessary. Records indicate the injured worker has participated in physical therapy; however, the area(s) treated physical therapy is not identified. There are no physical therapy notes available for review and functional gains achieved with this treatment are not indicated. Submitted documentation fails to establish the injured worker's failure to progress in a strengthening program. Indications of intra-abdominal or cardiac problems presenting as shoulder problems are absent and there is no physiologic evidence of tissue insult. The injured worker does have cervical pain and pain throughout her right shoulder, arm, and wrist, but the treating provider feels this is explained by carpal tunnel syndrome and has requested an electrodiagnostic study. This study has not yet been performed. Red flags indicating significant pathology about the right shoulder have not been identified. Based on the clinical information provided, medical necessity for an MRI of the right shoulder is not established.

MRI right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic Resonance Imaging (MRI) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for an MRI of the right ankle is not recommended as medically necessary. ACOEM states, for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Records do not specifically indicate the injured worker has participated in conservative care, such as physical therapy, to address the right ankle. Radiographic evaluation of the right ankle has been performed and was reportedly negative for abnormalities. Records do not reveal the injured worker is unable to bear weight on the right foot and physical examination findings do not reveal effusion. Based on the clinical information provided, medical necessity for an MRI of the right ankle is not established.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Magnetic Resonance Imaging (MRI) section.

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

Decision rationale: The request for an MRI of the right knee is not recommended as medically necessary. Submitted documentation does not reveal limited range of motion about the right knee nor does it note the injured worker walks with a limp. No effusion is noted and it is not indicated that the injured worker is unable to bear weight on the right leg. Plain radiographs of the right knee were reportedly normal. There are no physical therapy notes or references to therapy used specifically to address right knee complaints. Documentation fails to reveal the injured worker's failure to respond to conservative treatment. As such, there are no red flags as defined by ACOEM which would warrant further diagnostic imaging. Medical necessity for an MRI of the right knee is not established.