

Case Number:	CM14-0047022		
Date Assigned:	08/06/2014	Date of Injury:	03/04/2014
Decision Date:	09/11/2014	UR Denial Date:	03/28/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old individual was reportedly injured on March 4, 2014. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated August 29, 2014, indicated that there were ongoing complaints of neck pain, low back pain, bilateral shoulder pain, difficulty with walking and a constant nagging situation. The physical examination demonstrated tenderness to palpation in the low back, a positive straight leg raise, a positive Kemp's sign, and a positive sacroiliac stress test. The cervical spine examination noted a decrease in range of motion. Motor was noted to be 5/5 with tenderness to palpation. There was tenderness over the left shoulder, with a decreased range of motion. Diagnostic imaging studies objectified plain films that did not identify any specific acute pathology. Previous treatment included physical therapy and medications. A request had been made for physical therapy and X-rays and was not certified in the pre-authorization process on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the left hip: Upheld

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

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) Hip and Groin Disorders; Diagnostic Criteria, (electronically cited).

Decision rationale: The records reflect that a previous film was obtained, and it was reported to be a normal study. While noting the ongoing complaints of pain, and the physical examination findings of tenderness, there is no clinical indication presented to suggest an acute lesion that requires a repeat investigation. When noting the parameters outlined in the ACOEM guidelines, this is not medically necessary.

X-rays of bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The records reviewed that bilateral wrists studies had been obtained and were noted to be a normal study. When considering the reported mechanism of injury and by the parameters outlined in the MTUS, there is no clinical indication to repeat these films. As such, this is not medically necessary.

X-rays of the left shoulder: Upheld

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

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

Decision rationale: The records reflect that previous shoulder studies have been completed. There were no acute findings noted, and given the findings on physical examination reported, there is no indicator of any acute pathology or need for repeat studies. Therefore, when taking into account the parameters noted in the ACOEM guidelines, there is incomplete data presented to suggest repeating these films. This request is not medically necessary.

X-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: The records reflect that plain films of the lumbar spine were obtained, and there were noted multiple level degenerative changes with no evidence of acute abnormalities. When taking into account the parameters noted in the ACOEM, there are no red flags for fracture or serious systemic illness. There is no clinical indication to repeat the study. The medical necessity has not been established.

X-rays of the cervical spine: Upheld

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

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): Cervical and thoracic spine disorders (electronically cited).

Decision rationale: The records on review indicate that previous plain films were obtained, and multiple level degenerative changes were noted with no evidence of acute findings. The physical examination identified changes consistent with a mild muscle spasm. As such, there is no data presented to suggest the need for repeat films. Therefore, when considering the parameters outlined in the ACOEM guidelines and by the physical examination reported, there is no medical necessity to repeat these films.

Consult for Internal Medicine: Upheld

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

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 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: When noting the date of injury, the injury sustained, the finding on physical examination that objectified a possible sprain/strain of the cervical spine and lumbar spine with no indication of a complex or uncertain internal medicine diagnosis, there is insufficient clinical evidence presented to suggest the need for such a consultation. Therefore, the medical necessity of this evaluation has not been established by the requesting provider.

Norco 5/3325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009 Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the MTUS, this medication is indicated for the management of moderate to severe breakthrough pain. The date of injury, the mechanism of injury, and the findings of physical examination did not offer any specific significant pain generator. As such, there is no clinical indication to continue this opioid analgesic. Furthermore, there is no discussion relative to the opioid contract, or appropriate other interventions to avoid the afterward effects. Therefore, the medical necessity has not been established.

Physical therapy with modalities 3x4 to cervical spine, thoracic spine, left shoulder, bilateral wrists/elbows, and left hip: Upheld

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

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) neck, low back, forearm, wrist and hand chapters (electronically cited).

Decision rationale: When considering the date of injury, the reported mechanism of injury, and the findings noted on physical examination, there is a complete lack of objectification of the efficacy of the previous completed physical therapy. Furthermore, as outlined in the ACOEM guidelines, several sessions of physical therapy are indicated to support a home assessed protocol. There is no narrative presented to suggest that this is completed. As such, there is incomplete data to support the medical necessity of this type of intervention.

Interferential (IF) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009 Page(s): 118-120.

Decision rationale: MTUS guidelines do not support interferential therapy as an isolated intervention. MTUS Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review, of the available medical records, fails to document any of the criteria required for an IF Unit one-month trial. As such, this request is not medically necessary.