

Case Number:	CM14-0059075		
Date Assigned:	07/09/2014	Date of Injury:	12/02/2010
Decision Date:	09/05/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Oklahoma and Texas. 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 56 year-old female who reported an injury on 12/02/2010. The mechanism of injury was a slip and fall. The diagnoses included cervical spine strain, thoracic spine strain, left shoulder strain, right wrist/hand strain, and right knee strain. Previous treatments included physiotherapy, medication, MRI, digital electronic, and x-rays. Within the clinical note dated 01/13/2014, it was reported that the injured worker complained of upper back pain. He complained of lower back pain, left shoulder pain, right wrist/hand pain, right knee pain, and left knee pain. Upon the physical examination, the provider noted tenderness to the thoracic and lumbar spine. The injured worker had a negative straight leg raise bilaterally. The injured worker had a negative Tinel's and negative Phalen's test. The provider requested a cervical spine MRI for prolonged complaints, a thoracic spine MRI for prolonged complaints, Physical Therapy for the cervical spine, and Physical Therapy for the knee, an Interferential Unit, and Pain Medicine follow-up. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, cervical spine: 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): 177-179.

Decision rationale: It was reported that the injured worker complained of upper back pain. He complained of lower back pain, left shoulder pain, right wrist/hand pain, right knee pain, and left knee pain. The California MTUS/ACOEM Guidelines note that patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The Guidelines note physiological evidence may be in the form of definite neurological findings on the physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise or neurological examinations are insufficient evidence to warrant imaging studies if symptoms persist. There is a lack of significant objective findings indicating the injured worker has tried and failed on conservative treatments. There is a lack of clinical documentation indicating a neurological deficit including decreased sensation or motor strength in a specific dermatomal distribution. Therefore, the request for MRI, cervical spine is not medically necessary.

MRI, thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: It was reported that the injured worker complained of upper back pain. He complained of lower back pain, left shoulder pain, right wrist/hand pain, right knee pain, and left knee pain. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on a neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated for. There is a lack of documentation indicating neurological deficits of the thoracic spine to warrant further evaluation with imaging. There is a lack of documentation of decreased strength, and decreased reflexes in a specific dermatomal distribution. There is a lack of documentation regarding the failure of conservative treatment. There is lack of red flag diagnosis and no intent to undergo surgery was provided which would require an MRI. The medical necessity for imaging was not established. Therefore, the request for MRI, thoracic spine is not medically necessary.

Physical therapy 2 times a week for 6 weeks, cervical spine: 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 Physical Medicine Page(s): 98-99.

Decision rationale: It was reported the injured worker complained of upper back pain. He complained of lower back pain, left shoulder pain, right wrist/hand pain, right knee pain, and left knee pain. The California MTUS/Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The Guidelines note for neuralgia or myalgia 8 to 10 visits are recommended. There is a lack of documentation indicating an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased strength, or flexibility. The amount of physical therapy visits requested exceeds the Guideline recommendations of 8 to 12 visits. Therefore, the request for Physical Therapy 2 times a week for 6 weeks for the cervical spine is not medically necessary.

Physical therapy 2 times a week for 6 weeks, right knee: 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 Physical Medicine Page(s): 98-99.

Decision rationale: It was reported the injured worker complained of upper back pain. He complained of lower back pain, left shoulder pain, right wrist/hand pain, right knee pain, and left knee pain. The California MTUS/Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The Guidelines note for neuralgia or myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased strength, or flexibility. The number of visits the provider is requesting exceeds the Guideline recommendations of 8 to 10 visits. Therefore, the request for Physical Therapy 2 times a week for 6 weeks for the right knee is not medically necessary.

IF (Interferential) Unit: 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 Interferential Current Stimulation (ICS Page(s): 115, 118.

Decision rationale: It was reported the injured worker complained of upper back pain. He complained of lower back pain, left shoulder pain, right wrist/hand pain, right knee pain, and left knee pain. The California MTUS Guidelines note interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medication, and limited evidence of improvement on those recommended treatments alone. There are no standardized protocols for the use of interferential therapy and the therapy may vary according to the frequency of stimulation, pulse duration, treatment time, and electrode placement technique. The Guidelines note while they do not recommend an isolated intervention, patient selection criteria include: pain is insufficiently controlled due to diminished effectiveness of medication, pain is ineffectively controlled with medication due to side effects, and history of substance abuse, and significant pain from postoperative conditions limits the ability to perform exercise programs or physical therapy treatment. The injured worker is unresponsive to conservative measures. There is a lack of documentation indicating the injured worker has a history of substance abuse. There is a lack of documentation indicating the injured worker has significant pain from postoperative conditions limiting the ability to perform physical therapy. There is a lack of documentation indicating the injured worker's pain was ineffectively controlled due to diminished effectiveness of medication. The request submitted failed to provide a treatment site. The request submitted failed to provide the duration of treatment. Therefore, the request for an IF Unit is not medically necessary.

Pain Medicine Follow-up: Upheld

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

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, Office Visits.

Decision rationale: It was reported the injured worker complained of upper back pain. He complained of lower back pain, left shoulder pain, right wrist/hand pain, right knee pain, and left knee pain. The California MTUS/ACOEM Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected on average. Additionally, the Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits of the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The provider's rationale for the request for office visit was not provided. The request submitted fails to provide the number of visits the provider is requesting. Therefore, the request for a Pain Medicine Follow-up is not medically necessary.