

Case Number:	CM14-0067631		
Date Assigned:	09/10/2014	Date of Injury:	10/23/2013
Decision Date:	10/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family 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:

Patient is a 67-year-old female who has submitted a claim for neck strain, low back contusion, cervical musculoligamentous sprain with spondylosis, lumbar musculoligamentous sprain/strain with lower extremity radiculitis, right elbow lateral epicondylitis, right shoulder sprain/strain, and right knee sprain associated with an industrial injury date of 10/23/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain, rated 8/10 in severity; shoulder pain, rated 8/10 in severity; right arm pain, rated 8 to 9/10 in severity; and back pain, rated 7 to 8/10 in severity. Back pain radiated to the right lower extremity. Physical examination showed that gait was antalgic. Patient's height was 5 feet 8 inches, weight of 200 pounds, with a derived body mass index of 30.4 kg/m². There was a forward head posture with rounded shoulders. Examination of the cervical spine showed tenderness and negative Spurling test bilaterally. Range of motion was full. Motor strength examination of the upper extremities was limited due to pain. Reflexes were muted at bilateral upper and lower extremities. Examination of the lumbar spine showed limited motion and muscle spasm. Seated straight leg raise test was positive on the right. Sacroiliac stress test was likewise positive on the right. Motor strength of right lower extremity muscles was graded 4-/5, compared to the left graded 4+/5. Sensation was diminished to light touch at both hands and feet. Examination of the right shoulder showed tenderness, limited motion, and negative impingement test. Patient underwent home H-wave trial from 4/22/2014 to 5/19/2014. The patient reported decreased need of oral medication use and increased ability to perform activities upon use of H-wave device. Of note, MRI of the lumbar spine was accomplished on 6/20/2014, demonstrating multi-level disc per resulting to mild abutment of the descending S1 nerve root bilaterally, as well as, abutment of the exiting right and left L5 nerve roots, and left L3 nerve root. Treatment to date has included 12 sessions of physical therapy, 4 sessions of acupuncture, and medications. Utilization review from 5/6/2014

denied the request for 12 AQUATIC THERAPY SESSIONS because of no documentation available to indicate that patient needs an alternative to land-based physical therapy for her neck, back, and right knee condition; denied 1 HOME H-WAVE UNIT because of no evidence that patient was suffering from diabetic neuropathy or chronic tissue inflammation to warrant such modality; denied MRI of the cervical spine because there was no documented evidence of any neurologic sign that warrant the imaging study; denied MRI of the lumbar spine because there was no documented evidence of any red flag or pathology to support the request; denied MRI of the right knee because there was no documentation available to indicate that patient had an acute trauma to the knee; and denied ultrasound study of the right shoulder because it was not recommended for evaluation of rotator cuff pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY SESSIONS -- NON-CERTIFIED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient has completed 12 sessions of physical therapy. However, there is no documentation as to why aquatic therapy should commence at this time. There is no evidence of lower extremity fracture. Guideline criteria for aquatic therapy have not been met. There is no indication why the patient could not participate in a land-based physical therapy program. As such, the request is not medically necessary.

1 HOME H-WAVE 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 H-wave Stimulation Page(s): 117-118.

Decision rationale: As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, patient complained of neck pain, rated 8/10 in severity; shoulder pain, rated 8/10 in severity; right arm pain, rated 8 to 9/10 in severity; and back pain, rated 7 to

8/10 in severity. Patient underwent home H-wave trial from 4/22/2014 to 5/19/2014. The patient reported decreased need of oral medication use and increased ability to perform activities upon use of H-wave device. However, there was no documentation that patient had tried and subsequently failed use of a TENS unit. H-wave device use was not recommended prior to a trial of TENS unit. Moreover, there was no evidence that the patient was still continuing self-exercises at home; H-wave was not recommended as a solitary mode of treatment modality. Moreover, body part to be treated was not specified. Therefore, the request for 1 home H-wave unit was not medically necessary.

1 MRI SCAN OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of neck pain, rated 8/10 in severity. Physical examination showed a forward head posture with rounded shoulders. Examination of the cervical spine showed tenderness and negative Spurling test bilaterally. Range of motion of the neck was full. However, patient did not meet guideline criteria for imaging study. There was no evidence of neurologic dysfunction or plan for surgery. There was no clear indication for this request. Therefore, the request for MRI of the cervical spine was not medically necessary.

1 MRI SCAN OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of neck pain, rated 8/10 in severity

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition,

Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of back pain, rated 7 to 8/10 in severity, radiating to the right lower extremity. Examination of the lumbar spine showed limited motion and muscle spasm. Seated straight leg raise test was positive on the right. Sacroiliac stress test was likewise positive on the right. Motor strength of right lower extremity muscles was graded 4-/5, compared to the left graded 4+/5. Sensation was diminished to light touch at both feet. Gait was antalgic. Symptoms persisted despite physical therapy, acupuncture, and intake of medications. Clinical manifestations were consistent with neurologic dysfunction hence, further investigation by utilizing MRI may be warranted. Of note, MRI of the lumbar spine was already accomplished on 6/20/2014, demonstrating multi-level disc per resulting to mild abutment of the descending S1 nerve root bilaterally, as well as, abutment of the exiting right and left L5 nerve roots, and left L3 nerve root. Therefore, the request for MRI of the LUMBAR SPINE was medically necessary.

1 MRI SCAN OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, MRI

Decision rationale: As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended 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 significant trauma to the knee, suspect dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, patient complained of back pain, rated 7 to 8/10 in severity, radiating to the right lower extremity. Seated straight leg raise test was positive on the right. Motor strength of right lower extremity muscles was graded 4-/5, compared to the left graded 4+/5. Gait was antalgic. However, there was no complaint of localized right knee pain that may warrant imaging study. There was no comprehensive physical examination of the knee documenting range of motion, presence or absence of effusion, and provocative maneuver testing to warrant this request. There was no clear indication for imaging study. The medical necessity cannot be established due to insufficient information. Therefore, the request MRI OF THE RIGHT KNEE was not medically necessary.

1 DIAGNOSTIC ULTRASOUND STUDY OF THE RIGHT SHOULDER: Overturned

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 Page(s): 557-559, 561-563.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, diagnostic

Decision rationale: In most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. In addition, Official Disability Guidelines states that ultrasound of the shoulder in clinical examination can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. In this case, patient complained of right shoulder pain, rated 8/10 in severity. Examination of the right shoulder showed tenderness, limited motion, and negative impingement test. Motor strength examination of the upper extremities was limited due to pain. Symptoms persisted despite acupuncture, physical therapy, and intake of medications. An ultrasound study may be indicated to further investigate patient's clinical condition. As such, the request is medically necessary.