

Case Number:	CM14-0086473		
Date Assigned:	08/08/2014	Date of Injury:	01/14/2013
Decision Date:	12/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 Emergency 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 66 year-old male, who sustained an injury on January 14, 2013. The mechanism of injury occurred when his right foot fell into a hole. Diagnostics have included: Cervical x-rays dated April 9, 2014 reported as showing narrowing with spurring at C5-7; Lumbar x-rays dated April 9, 2014 reported as showing narrowing at L4-S1. Treatments have included: medications, right shoulder injection, physical therapy. The current diagnoses are: right shoulder sprain, bilateral elbow sprain, right hand and wrist sprain-rule out carpal tunnel syndrome, cervical sprain, and lumbar sprain. The stated purpose of the request for Physical Therapy 1-2 x weeks x 6 weeks was to provide strength training and reduce pain. The request for Physical Therapy 1-2 x weeks x 6 weeks was modified for 3 sessions on May 14, 2014, citing a lack of documentation of the medical necessity for more therapy sessions beyond 3 sessions to review an independent home exercise program. The stated purpose of the request for MRI arthrogram right shoulder was to diagnose joint problems. The request for MRI arthrogram right shoulder was denied on May 14, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for MRI cervical spine was to establish disc pathology. The request for MRI cervical spine was denied on May 14, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for MRI lumbar spine was to establish disc pathology. The request for MRI lumbar spine was denied on May 14, 2014, citing a lack of documentation of red flag conditions. The stated purpose of the request for MRI right wrist/hand was to establish a tear. The request for MRI right wrist/hand was denied on May 14, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for MRI left elbow was to establish soft tissue injury. The request for MRI left elbow was denied on May 14, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for orthopedic inserts for right foot was not noted. The request for Orthopedic inserts for right foot

was denied on May 14, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for TENS Unit was not noted. The request for TENS Unit was denied on May 14, 2014 May 14, 2014, citing a lack of documentation of failed conservative treatment modalities. Per the report dated May 7, 2014, the treating physician noted complaints of pain to the cervical and lumbar spine with pain to the right leg. Exam shows cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy

Decision rationale: The requested Physical Therapy 1-2 x weeks x 6 weeks is not medically necessary. Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the cervical and lumbar spine with pain to the right leg. The treating physician has documented cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy 1-2 x weeks x 6 weeks is not medically necessary.

MRI arthrogram right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines : Shoulder Chapter

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

Decision rationale: The requested MRI arthrogram right shoulder is not medically necessary. The injured worker has pain to the cervical and lumbar spine with pain to the right leg. The

treating physician has documented cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution. The treating physician has not documented exam evidence of internal derangement. The criteria noted above not having been met, MRI arthrogram right shoulder is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI cervical spine is not medically necessary. The injured worker has pain to the cervical and lumbar spine with pain to the right leg. The treating physician has documented cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI cervical spine is not medically necessary.

MRI 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): 303-305.

Decision rationale: The requested MRI lumbar spine is not medically necessary. The injured worker has pain to the cervical and lumbar spine with pain to the right leg. The treating physician has documented cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution. The treating physician has not documented deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI lumbar spine is not medically necessary.

MRI right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-260. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging).

Decision rationale: The requested MRI right wrist/hand is not medically necessary. The injured worker has pain to the cervical and lumbar spine with pain to the right leg. The treating physician has documented cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution. The treating physician has not documented physical exam evidence indicative of unresolved red flag conditions. The criteria noted above not having been met, MRI right wrist/hand is not medically necessary.

MRI left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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), Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10, Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 33 and 34.

Decision rationale: The requested MRI left elbow, is not medically necessary. The injured worker has pain to the cervical and lumbar spine with pain to the right leg. The treating physician has documented cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution. The treating physician has not documented exam evidence of red flag conditions to the elbow nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI left elbow is not medically necessary.

Orthopedic inserts for right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ACOEM Chapter 4; Official Disability Guidelines Ankle and Foot Chapter Orthotic devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), (updated 03/26/14); Heel pads.

Decision rationale: The requested Orthopedic inserts for right foot, is not medically necessary. The injured worker has pain to the cervical and lumbar spine with pain to the right leg. The treating physician has documented cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution. The treating physician has not documented diagnoses or exam findings indicative of metatarsalgia or plantar fasciitis. The criteria noted above not having been met, Orthopedic inserts for right foot is not medically necessary.

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS Unit is not medically necessary. The injured worker has pain to the cervical and lumbar spine with pain to the right leg. The treating physician has documented cervical range of motion limitation with tenderness and a positive foramina compression test, lumbar tenderness with restricted range of motion and positive straight leg raising test, positive right-sided Tinel and Phalen tests over the carpal tunnel with abnormal two-point discrimination over the median nerve distribution. The treating physician has not documented a current rehabilitation program, or functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, TENS Unit is not medically necessary.