

Case Number:	CM14-0089808		
Date Assigned:	08/08/2014	Date of Injury:	05/29/2009
Decision Date:	09/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery 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:

This 68-year-old female sustained an industrial injury on 5/29/09. The mechanism of injury was not documented. Past medical history was positive for a traumatic injury to the distal left lower extremity with chronic stasis and fibrotic changes. The patient was status post right carpal tunnel release, right dorsal and volar wrist arthrotomy with excision of ganglion cyst, and video arthroscopy with intra-articular debridement on 7/9/12. The 5/14/14 treating physician report indicated that the patient had left wrist pain since the end of 2011 due to repetitive activities at work and to prevent right wrist pain. Right knee pain began at the beginning of 2011 due to prolonged walking and to prevent left knee pain. She had not had right knee or left wrist x-rays in the past 6 months or MRIs within the past 12 months. She was not interested in right knee surgery at this time. Physical exam indicated the patient was using a single point cane. There was tenderness over the left wrist and right knee. Left lateral ankle sensation was diminished. The diagnosis included left wrist carpal tunnel syndrome and right knee sprain/strain. Additional diagnoses were thoracic spine strain, lumbar spine disc bulge, status post right wrist/hand surgery, left knee strain, and left ankle/foot strain. The patient had seen the orthopedic surgeon and pain medicine specialist within the last month. The treatment plan recommended left knee injection, bilateral insoles/orthotics, and physical therapy and acupuncture 1x6 for the low back, right wrist, and left knee. Pain medicine and orthopedic follow-up was requested. The 5/27/14 utilization review denied the requests for imaging and x-rays of the left wrist and right knee based on an absence of signs/symptoms suggestive of red flags, internal derangement, or another clear rationale. The request for knee injection was denied based on no signs/symptoms of pathology or clear rationale. Physical therapy and acupuncture were denied as there was no indication of functional improvement with prior treatment. Bilateral insoles/orthotics were denied based on absence of documented medical necessity. The requests for follow-up with pain

medicine and another orthopedist were denied as there was no clear rationale for specialty follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, MRI's (magnetic resonance imaging).

Decision rationale: The California MTUS state that for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The Official Disability Guidelines provide specific indications for imaging that include acute hand or wrist trauma when there is suspicion for acute distal radius fracture, acute scaphoid fracture, gamekeeper injury (thumb MCP ulnar collateral ligament injury), soft tissue tumor, or Kienbock's disease. MRI for carpal tunnel syndrome is not recommended unless traditional electrodiagnostic testing is unavailable. Guideline criteria have not been met. The clinical exam findings relative to the left wrist are limited to non-specific pain and tenderness. There is no history of trauma. There is no current provocative testing or mechanical signs/symptoms documented to suggest internal derangement. Therefore, this request is not medically necessary.

X Ray of Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist & Hand.

Decision rationale: The California MTUS guidelines do not recommended the routine use of radiography for the evaluation of forearm, wrist, and hand complaints. The Official Disability Guidelines recommend radiographs for patients with a history of trauma. An initial x-ray study is supported for chronic wrist pain. Guideline criteria have not been met. Records indicate that x-rays have not been obtained in the past 6 months, but there is no indication that this patient has not been x-rayed over the past 2 years of reported symptoms. There are no red flag indications to support urgent x-rays. Therefore, this request is not medically necessary.

MRI 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 Page(s): 341-343, 347.

Decision rationale: The California MTUS guidelines state that most knee problems improve quickly once any red-flag issues are ruled-out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Guideline criteria have not been met. There is no history of trauma. There is no current provocative testing or mechanical signs/symptoms documented to suggest internal derangement. Therefore, this request is not medically necessary.

X Ray 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).

Decision rationale: The California MTUS do not recommend routine radiographs for most knee complaints or injuries. Plain-films are recommended for suspected red flags. The Official Disability Guidelines recommend x-rays when indications are met. Criteria include acute trauma to the knee with focal tenderness, effusion, inability to bear wear or walk, and/or suspected patellar dislocation. Criteria support initial x-ray studies for adults with non-traumatic non-patellofemoral or patellofemoral symptoms, or non-localized pain. Guideline criteria have not been met. There are no clinical exam findings suggestive of red flags. Records indicate that x-rays have not been obtained in the past 6 months, but there is no indication that this patient has not been x-rayed over the past 3 years of reported symptoms. Therefore, this request is not medically necessary.

Left Knee Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Corticosteroid injections.

Decision rationale: The California MTUS state that corticosteroid injection is not routine indicated. The Official Disability Guidelines provide specific criteria for steroid injections for

patients with symptomatic osteoarthritis. Guideline criteria have not been met. This patient has not been diagnosed with osteoarthritis. There is no clear indication for the requested left knee injection or specific type of injection being requested. Therefore, this request is not medically necessary.

Physical Therapy 6 Sessions (1X6) Lumbar Spine Right Wrist Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the MTUS guidelines would support 9 to 10 visits for myalgia/myositis. Guideline criteria have not been met. There is no documentation suggestive of a functional deficit relative to the low back, right wrist, or left knee. There is no specific functional treatment goal documented to be addressed by physical therapy treatment. Records suggest that prior physical therapy has been provided but there is no evidence of objective measurable functional improvement. Therapy is not supported merely for the elimination of pain. Therefore, this request is not medically necessary.

Acupuncture 6 visits 1X6 Lumbar Spine Right Wrist Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. There is no evidence that pain medication has been reduced or not tolerated. There is no documentation of a functional deficit or a functional treatment goal to be addressed by physical rehabilitation and acupuncture. Therefore, this request is not medically necessary.

Right and Left Insoles/Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The California MTUS guidelines stated that rigid orthotics (full shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Guideline criteria have not been met. This patient has a diagnosis of left foot/ankle strain but there are no current exam findings or complaints documented. There is no indication in the record that the patient has been diagnosed with plantar fasciitis or metatarsalgia. Therefore, this request is not medically necessary.

Pain Medicine Follow Up: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have not been met. This patient was seen by the pain medicine physician within the prior month. There was no evidence in the records indicating the need for follow-up for specialty management outside the treating physician's armamentarium. Therefore, this request is not medically necessary.

Orthopedist Follow Up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have not been met. This patient was seen by the orthopedist within the prior month. There was no evidence in the records indicating the need for follow-up for specialty management outside the treating physician's armamentarium. Therefore, this request is not medically necessary.