

Case Number:	CM14-0184680		
Date Assigned:	11/13/2014	Date of Injury:	03/20/2014
Decision Date:	01/21/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/05/2014

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 New Jersey. 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 worker is a 36 year old female who was injured on 7/23/2013 after slipping and falling forward on elbows and knees. She was diagnosed with cervical sprain, lumbar sprain/strain, and internal derangement of the ankle and foot. She was initially treated with medications and a cane but continued to experience bilateral ankle and foot pain, low back pain and knee pain. Later, on 3/20/2014, she was again injured after slipping and falling, twisting her ankle and scraping her fingertips as she landed on her right side, later experiencing low back pain, leg pain, and burning and stinging pain in fingers. Initially she was not able to stand on her own, but minutes later were able to walk albeit with pain. She also has a medical history significant for lupus erythematosus. On 9/11/2014, the worker was seen initially by her primary treating physician reporting taking medications for her chronic pain related to her injuries and not working. She complained of intermittent neck pain with radiation to shoulders, rated 6-10/10 on the pain scale, intermittent low back pain with radiation to legs rated 8-10/10 on the pain scale, bilateral ankle and foot swelling, and difficulty sleep due to pain. She reported taking opioids, NSAIDs, muscle relaxers, Prednisone, Plaquenil, Imuran, and other unspecified medications including anti-diabetic, anti-hypertensive, and anxiolytics. Physical examination findings included cervical spasm and tenderness, reduced sensation in both hands, normal arm strength, negative cervical compression test, negative Spurling's, lumbar spasm and tenderness, normal leg sensation, normal leg strength, normal heel/toe walking, swelling and warmth on right ankle joint, tenderness on bilateral ankle joints, and negative ankle instability testing. She was recommended physical therapy for her neck, ankle, and low back. She was also recommended an internal medicine consultation, an ankle support for the right ankle, EMG and NCS of bilateral upper extremities, MRI of the right foot/ankle, neck, and low back, and follow-up 4 weeks later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times weekly, neck, ankle, and low back QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back, neck, or ankle is recommended by the MTUS Guidelines as an option during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, who was injured many months prior to this request but without any record of physical therapy having been completed, it seems reasonable to consider physical therapy at this point. However, the requested number of sessions (12) was greater than the recommended duration and is likely to not be needed anyway as she should be able to transition to home exercises after less sessions. Therefore, the 12 sessions of physical therapy is not medically necessary. Also, if after a few sessions of physical therapy, she notices worsening rather than improvement, which is possible considering her lupus, then further sessions would not be warranted. Therefore, 3-6 sessions of physical therapy, in the opinion of the reviewer, might be a more appropriate initial trial in this case. Therefore, this request is not medically necessary.

Consultation with Internal Medicine Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127 and Official Disability Guidelines (ODG)

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), page 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the provider requested a

consultation with an internal medicine physician, but did not provide any reasoning for this. If it was to help her manage her other medical conditions, the fact that she was taking medications for high blood pressure, diabetes, and lupus suggests that she already has a physician managing these conditions and another physician is unlikely to add any benefit. Therefore, the Internal Medicine Consultation is not medically necessary as it related to workers' compensation.

MRI of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back section, MRI

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, she was recommended MRI of her lower back. Considering there was no documented evidence of a red flag condition, imaging before starting conservative care, which would include physical therapy, would be considered premature and is not medically necessary.

MRI of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372 and 373.

Decision rationale: The MTUS ACOEM Guidelines state that for foot or ankle injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine testing is not recommended during the first 4-6 weeks or activity limitation except when a red flag noted on history or examination raises suspicion of a dangerous

foot or ankle condition or of referred pain. Imaging, such as MRI, may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist reconditioning. In the case of this worker, her ankle/foot injury was many months prior to this request for an MRI, however, without a full trial of conservative care including physical therapy as well as identifying if her ankle swelling and pain is more related to her lupus than her injury at this point, imaging of her ankle or foot at this point would be premature and medically unnecessary. Also, there was no evidence suggesting a red flag diagnosis which would have warranted an earlier consideration of an MRI. Therefore, this request is not medically necessary.

MRI of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372 and 373.

Decision rationale: The MTUS ACOEM Guidelines state that for foot or ankle injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine testing is not recommended during the first 4-6 weeks of activity limitation except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Imaging, such as MRI, may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist reconditioning. In the case of this worker, her ankle/foot injury was many months prior to this request for an MRI, however, without a full trial of conservative care including physical therapy as well as identifying if her ankle swelling and pain is more related to her lupus than her injury at this point, imaging of her ankle or foot at this point would be premature and medically unnecessary. Also, there was no evidence suggesting a red flag diagnosis which would have warranted an earlier consideration of an MRI. Therefore, this request is not medically necessary.

MRI of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI

of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was a request for an MRI of the cervical spine after a complaint of neck pain and decreased sensation in her hands. Without completing a full effort with conservative care for her neck pain including physical therapy, which there was no evidence found in the documents that she had completed physical therapy for her neck, and then any imaging such as MRI would be premature and medically unnecessary. Also, there was no evidence (subjective or objective) which suggested a red flag diagnosis at the time of the request, which might have warranted earlier consideration of MRI testing. Therefore, this request is not medically necessary.

Ankle support, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371 and 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Bracing

Decision rationale: The MTUS ACOEM Guidelines also state that ankle or foot braces/splints may be used following injury, but for as short a time as possible initially after the injury. The ODG goes into more detail and only recommends bracing in the cases of clear instability, which may be required up to 4-6 weeks with active and passive therapy. Functional treatment is more favorable than immobilization. Partial weight bearing as tolerated is recommended. In cases of ankle sprain, it is recommended to use a brace or tape to prevent a relapse afterwards, but also to phase out the use of the brace or tape in time. In the case of this worker, the provider identified tenderness and swelling of the right ankle, however, there was no evidence of instability of the right ankle joint. Therefore, it seems that an ankle brace is the inappropriate choice for treatment, and will be considered medically unnecessary.

EMG, bilateral upper extremities; qty. 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 week period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this

worker, she reported radicular pain to her shoulders and objective evidence of decreased sensation in her hands. Based on this, EMG and NCV testing might be helpful in clarifying the source of her decreased sensation in her hands, although a more complete neurological assessment might have identified the cause. Regardless, any testing at this point of care with this worker seems premature without the full effort at conservative care which would include physical therapy, which there seemed to be no evidence of her completing, although her injury was many months before this request. Therefore, the EMG and NCV testing of the upper extremities are not medically necessary.

NCV, bilateral upper extremities; qty. 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 week period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, she reported radicular pain to her shoulders and objective evidence of decreased sensation in her hands. Based on this, EMG and NCV testing might be helpful in clarifying the source of her decreased sensation in her hands, although a more complete neurological assessment might have identified the cause. Regardless, any testing at this point of care with this worker seems premature without the full effort at conservative care which would include physical therapy, which there seemed to be no evidence of her completing, although her injury was many months before this request. Therefore, the EMG and NCV testing of the upper extremities are not medically necessary.