MAXIMUS Federal Services

Case Number:	CM14-0194685		
Date Assigned:	12/02/2014	Date of Injury:	10/05/2004
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/20/2014

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 New York. 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:

According to the records made available for review, this is a 50-year-old female with a date of injury on 10/05/2004. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 08/26/2014 indicated the diagnoses left carpal tunnel syndrome; status post left knee replacement; postoperative left peroneal neuropathy with foot drop; and lumbar sprain/strain injury secondary to abnormal gait and foot drop. Subjective findings from 06/26/2014, were remarkable for left knee pain, right knee pain, and lower back pain that radiates behind the leg. The injured worker also had complaints of paresthesia to the dorsum of the foot. Physical examination performed on this date was remarkable for mild tenderness to the lateral aspect of the knee with the range of motion of 0 to 120 degrees, but does not indicate which knee. Physical examination from 08/26/2014 was remarkable for left wrist Tinel and sensory loss to the left median nerve and dysesthesias to the left peroneal distribution with weakness to the left extensor hallucis. Physician documentation from 05/20/2014 noted a restricted gait and persistent tenderness to the left ankle and foot. Electrodiagnostic study to the lower extremities dated 05/28/2014, revealed left peroneal nerve injury with no evidence of radiculopathy. Physician documentation dated 08/26/2014, noted the results of an electrodiagnostic study with no date noted that revealed mild carpal tunnel syndrome to the left wrist. Documentation dated 06/26/2014 noted an x-ray of the left knee that was unremarkable for acute findings. Medical records provided refer to prior treatments and therapies that included a left knee replacement; transcutaneous electrical nerve stimulation unit; use of a cane; a medication regimen of Motrin; a request for neurosurgical consultation; a request for a second opinion for orthopedics on the upper extremity; a request for gym membership, and a request for an ultrasound to the left wrist and left lateral knee. The medical records provided did not indicate the effectiveness of treatments and therapies provided with regards to functional improvement,

improvement in work function, or in activities of daily living. Medical records from 08/26/2014 noted the injured worker to be on a permanent and stationary disability status. On 11/14/2014, the Utilization Review non-certified the prescriptions for soft tissue ultrasound of the left wrist, gym membership and physical therapy. Utilization Review based their determination for soft tissue ultrasound of the left wrist from the Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Ultrasound (Diagnostic). The Utilization Review noted that previous diagnostic testing was performed noting the diagnosis mild carpal tunnel syndrome, and since a diagnosis was established a soft tissue ultrasound is not medically necessary. Utilization Review based their determination for gym membership based on California MTUS Chronic Pain Medical Treatment Guidelines noting a lack of sufficient evidence to recommend any particular exercise regimen over any other. Utilization Review also noted Official Disability Guidelines (ODG) - Treatment in Worker's Compensation (TWC) indicated that gym memberships were not recommended as a medical prescription unless a home exercise was noted to be ineffective requiring equipment. Utilization Review based their determination for physical therapy on MTUS with the Utilization Review noting a lack of documentation of musculoskeletal deficits that could not be addressed with an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft tissue ultrasound of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Ultrasound (Diagnostic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Ultrasound, Diagnostic

Decision rationale: Wrist ultrasound is recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as a new alternative diagnostic modality for the evaluation of carpel tunnel syndrome (CTS). In addition to being of high diagnostic accuracy it is able to define the cause of nerve compression and aids treatment planning. Ultrasound should not substitute for other recommended diagnostic procedures, since electrodiagnostic testing will be positive in well over 90% of carpal tunnel syndrome cases, perhaps higher if provocative techniques are used, and, for unclear cases, injection can help clarify the diagnosis. In this case, the diagnosis of carpal tunnel syndrome had already been established by electrodiagnostic study. Therefore, this request is not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines (ODG), Low Back Chapter, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46-47.

Decision rationale: Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. A recent study of the long term impact of aerobic exercise on musculoskeletal pain found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. In addition, progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. Physical conditioning in chronic pain patients can have immediate and long-term benefits. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. In this case, the exercise is not monitored by a health professional; therefore, this request is not medically necessary.

Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. Official Disability Guidelines (ODG) states that physical therapy is more effective in short-term follow up. The patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for

neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the goal of treatment and requested number of visits is not specified. There is insufficient information to determine necessity; therefore, this request is not medically necessary.