

Case Number:	CM14-0195542		
Date Assigned:	12/03/2014	Date of Injury:	02/05/2014
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 51-year-old male with a 2/5/14 date of injury. At the time (9/9/14) of request for authorization for PT 2x4 left shoulder-PT x4, EMG/NCV BUE, and MRI Bilateral Knees, there is documentation of subjective (bilateral shoulder pain with clicking and stiffness, right elbow pain, left knee pain, and right knee pain with popping, clicking, and swelling) and objective (decreased range of motion of the left shoulder, positive Neer's test, empty can test, and apprehension test bilaterally; tenderness to palpation over the shoulder bilaterally and crepitus, positive Tinel's sign at the right cubital tunnel, tenderness to palpation over the elbow; decreased range of motion of the knee bilaterally, positive McMurray's on the right, positive patellar grind bilaterally, vastus medialis obliquus atrophy, and thickening over the patella) findings, current diagnoses (bilateral shoulder sprain, left shoulder rotator cuff tear, right shoulder impingement syndrome, right elbow sprain, bilateral knee sprain, and right elbow cubital tunnel syndrome), and treatment to date (medications and activity modification). Regarding PT 2x4 left shoulder-PT x4, it cannot be determined if this is a request for initial or additional physical therapy. Regarding EMG/NCV BUE, there is no documentation of failure of additional conservative treatments (physical modalities). Regarding MRI Bilateral Knees, there is no documentation of unstable LEFT knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear; nondiagnostic radiographs of the bilateral knees; a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 LEFT SHOULDER-PT x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG: Shoulder, Physical Therapy (PT)).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of Rotator cuff syndrome/Impingement syndrome not to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain, left shoulder rotator cuff tear, right shoulder impingement syndrome, right elbow sprain, bilateral knee sprain, and right elbow cubital tunnel syndrome. However, given documentation of a 2/5/14 date of injury, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for PT 2x4 left shoulder-PT x4 is not medically necessary.

EMG/NCV BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177;33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain, left shoulder rotator cuff tear, right shoulder impingement syndrome, right elbow sprain, bilateral knee sprain, and right elbow cubital tunnel syndrome. In addition, given documentation of subjective (bilateral shoulder pain with clicking and stiffness and right elbow pain) and objective (positive Neer's test, can test, and apprehension test

bilaterally; tenderness to palpation over the shoulder bilaterally and crepitus, positive Tinel's sign at the right cubital tunnel, and tenderness to palpation over the elbow) findings, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (medications and activity modifications). However, given documentation of an associated request for PT 2x4 left shoulder, there is no documentation of failure of additional conservative treatments (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV BUE is not medically necessary.

MRI BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain, left shoulder rotator cuff tear, right shoulder impingement syndrome, right elbow sprain, bilateral knee sprain, and right elbow cubital tunnel syndrome. In addition, there is documentation of unstable RIGHT knee with documented episodes of locking and popping. However, there is no documentation of unstable LEFT knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear. In addition, there is no documentation of nondiagnostic radiographs of the bilateral knees. Furthermore, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement). Therefore, based on guidelines and a review of the evidence, the request for MRI Bilateral Knees, is not medically necessary.