

Case Number:	CM14-0197208		
Date Assigned:	12/05/2014	Date of Injury:	05/20/2013
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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:

Patient with reported date of injury on 5/20/2013. No mechanism of injury was documented. Pt has a diagnosis of cervical sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, bilateral knee sprain/strain, and R foot sprain/strain. Medical reports reviewed. Last report available until 10/9/14. Patient complains of neck, low back pain. Pain radiates to bilateral upper and lower extremities. Objective exam reveals cervical spine with mild decreased range of motion, Spurling's positive and positive foraminal compression test. Lumbar exam reveals decreased ROM. Facet tenderness to L3, L4 and L5 bilaterally. Straight leg raise was positive bilaterally. Hypoesthesia to anterolateral ankle and afoot bilaterally. Weakness noted to big toe dorsiflexion. There is no recent exam of knees or shoulders documented. Last documented was from 6/5/14 which documents bilateral shoulder with decreased ROM (range of motion), positive impingement test, strength of 3/5 on Right side and 4/5 on left side. Knee exam was noted to have positive McMurray's with medial and lateral joint line tenderness. Positive Chondromalacia patella compression test. Patient has reportedly physical therapy in the past. Location and total number and response were not documented. No imaging or electrodiagnostic reports were provided for review. Current medications include Anaprox, Prilosec, Ultram and topical creams. Independent Medical Review is for Physical Therapy 2 per week for 6 weeks, MRI of cervical spine, MRI of bilateral shoulders and MRI of bilateral knees. Prior UR on 10/31/14 recommended non-certification. It approved MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. The provider requested 12 sessions. Patient has reportedly already undergone unknown number of PT sessions with no documentation of any improvement or change in function. Due to excessive PT sessions and no documentation of results or prior PT, Physical therapy 2 times a week for 6 weeks is not medically necessary.

MRI of the cervical spine: Upheld

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

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

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of prior conservative care. There is no documentation of worsening symptoms. A recent neurological exam was not documented. MRI of the cervical spine is not medically necessary.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag(limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There is no red flags or signs of loss of neurovascular function. There is no recent neurological exam. There is no plan for surgery. There is no documentation of attempted conservative care with only PT requested but unknown if it was

done. No basic imaging reports were provided. MRI of the bilateral shoulders are not medically necessary.

MRI of the bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for bilateral knee X-rays for chronic knee pains with no proper documentation of prior conservative care or any sudden change in pain or objective findings. There were no basic imaging reports provided for review. MRI of the bilateral knees are not medically necessary.