

Case Number:	CM14-0198208		
Date Assigned:	12/08/2014	Date of Injury:	10/02/2014
Decision Date:	04/16/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 has a date of injury on 10/2/2014. Patient fell onto her left knee and injured her back and finger. Diagnosis includes: finger laceration, knee contusion, left, back contusion. Patient has had physical therapy, acupuncture and pain medications with no benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care; two times per week for six weeks (2x6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to guidelines it states there should be a trail of 6 visits over 2 weeks. If the IW shows evidence of functional improvement the therapy can be extended. The

request is for more therapy than the MTUS recommends and thus is not considered medically necessary.

MRI scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to guidelines there should be an obvious level of nerve root dysfunction on physical exam or a EMG/SEP with evidence of nerve dysfunction to proceed with imaging of the spine. The physical exam specifically notes normal sensation to light touch and pinprick. Thus the request for a lumbar spine MRI is not medically necessary at this time.

MRI scan of the left 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): 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder - ultrasound.

Decision rationale: According to guidelines it states in the absence of red flags or documentation of failure of conservative treatment for 4-6 weeks after injury MRI is not warranted. The most recent progress note is dated 12 days after injury and there was no evidence of any red flags. This request is not medically necessary and reasonable at this time.

Diagnostic ultrasound study of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Should Chapter, Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 194. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder - ultrasound.

Decision rationale: According to guidelines it states in the absence of red flags or documentation of failure of conservative treatment for 4-6 weeks after injury special studies are not warranted. The most recent progress note is dated 12 days after injury and there was no evidence of any red flags. This request is not medically necessary and reasonable at this time.

Home interferential stimulator unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: According to guidelines it states ICS is not recommended as an isolated intervention. There are patient selection criteria if the use of ICS is to be utilized. The selection criteria state it can be used if pain is ineffectively controlled due to medication side effects or due to diminished effectiveness of medications or unresponsive to conservative measures. There is no documentation conservative treatment or lack of effectiveness of medication due to side effects or diminishing effect. This request is not medically necessary.