

Case Number:	CM14-0208875		
Date Assigned:	02/12/2015	Date of Injury:	03/01/2011
Decision Date:	04/14/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/13/2014

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: Pennsylvania
 Certification(s)/Specialty: 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:

The injured worker is a 65 year old male who has reported multifocal pain after falling on March 1, 2011. Some reports list a 10/31/09 date of injury. The diagnoses have included sprain of the lumbosacral spine, knee sprain, patellofemoral chondromalacia of both knees, sprain/strain of the ankles, possible ganglion involving the sinus tarsi on the left, and tenosynovitis of the flexor digitorum longus tendon. Treatment to date has included physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit and medication. The Agreed Medical Examination (AME) report from 7/24/12 lists radiographs of the lumbar spine and knees from 2010, and MRIs of the lumbar spine and ankles from 2011. Radiographs from the AME evaluation itself were for the ankles, feet, knees, lumbar spine, and pelvis on 7/24/12. None showed pathology beyond usual degenerative changes. Per the treating physician report of 10/31/14, there was ongoing back, knee, and ankle pain. This physician had apparently not seen the injured worker since 2012. There was no discussion of the details of prior treatment and testing. There were no neurological deficits. There was pain and tenderness in the low back, with slightly decreased range of motion. The knee range of motion was full. There were no positive provocative signs in the knees. There was left ankle swelling. The ankles were tender. The AME from 2012 was reviewed and prior imaging was listed, including a lumbar MRI, left ankle radiographs, and bilateral ankle MRIs. The AME performed radiographs of the ankles, feet, lumbar spine, knees and pelvis. The treatment plan included medications and physical therapy. The current radiographs were requested along with a citation from the ACOEM Guidelines, Chapter 5, page 89. No body part specific citations were included. The physical therapy was described as "a

program of exercises" for all the symptomatic areas. The Request for Authorization did not include any details of the therapy. There was no work status. On November 26, 2014, Utilization Review non-certified x-ray studies of the lumbar spine, left knee, right knee, left ankle, and right ankle; physical therapy 2x6 for the lumbar spine, left knee, right knee, left ankle and right ankle. The MTUS and the Official Disability Guidelines were cited. Note was made of prior imaging studies for the affected body parts and lack of necessity to repeat the studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Radiography (x-rays).

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. The treating physician did not discuss the reasons why repeat radiographs were needed after the multiple prior imaging studies. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. Repeat imaging should be based on the presence of new symptoms and signs. Imaging of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for repeat imaging. Repeat radiographs of the lumbar spine are not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

X-ray of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 343, 344-345, 347.

Decision rationale: The MTUS citations above discuss the need for imaging in the context of failed conservative care and subsequent need for surgery. The clinical exam in this case did not provide any evidence of a surgical condition. The treating physician did not discuss the results of the multiple prior radiographs and reasons why additional studies were needed. No specific indications for repeat studies were given by the treating physician. The repeat radiographs were not medically necessary based on the MTUS, the prior studies, and lack of specific indications.

X-ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 332-335, 341, 343, 344-345, 347.

Decision rationale: The MTUS citations above discuss the need for imaging in the context of failed conservative care and subsequent need for surgery. The clinical exam in this case did not provide any evidence of a surgical condition. The treating physician did not discuss the results of the multiple prior radiographs and reasons why additional studies were needed. No specific indications for repeat studies were given by the treating physician. The repeat radiographs were not medically necessary based on the MTUS, the prior studies, and lack of specific indications.

X-ray of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-377.

Decision rationale: The MTUS citations above discuss the need for imaging. The ACOEM Guidelines Pages 372-377 discuss imaging tests for ankle problems. Radiographs are indicated for significant acute trauma. This injured worker has already had acute and multiple follow-up radiographs. Per the MTUS, "Disorders of soft tissue (such as tendonitis, metatarsalgia, fasciitis, neuroma) yield negative radiographs". Routine radiographs are "Not Recommended", page 377, for ankle injuries or soft tissue diagnoses. The clinical exam in this case did not provide evidence of a surgical condition. The treating physician did not discuss the results of the multiple prior radiographs and reasons why additional studies were needed. No specific indications for repeat studies were given by the treating physician. The repeat radiographs were not medically necessary based on the MTUS, the prior studies, and lack of specific indications.

X-ray of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-377.

Decision rationale: The MTUS citations above discuss the need for imaging. The ACOEM Guidelines Pages 372-377 discuss imaging tests for ankle problems. Radiographs are indicated for significant acute trauma. This injured worker has already had acute and multiple follow-up radiographs. Per the MTUS, "Disorders of soft tissue (such as tendonitis, metatarsalgia, fasciitis, neuroma) yield negative radiographs". Routine radiographs are "Not Recommended", page 377,

for ankle injuries or soft tissue diagnoses. The clinical exam in this case did not provide evidence of a surgical condition. The treating physician did not discuss the results of the multiple prior radiographs and reasons why additional studies were needed. No specific indications for repeat studies were given by the treating physician. The repeat radiographs were not medically necessary based on the MTUS, the prior studies, and lack of specific indications.

Physical therapy for the lumbar spine, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has stated that the current physical therapy prescription is for an exercise program. The actual exercises and any other modalities to be used were not described. Exercise instruction should not require as many as 12 visits. The current physical therapy prescription (12 visits) exceeds the quantity recommended in the MTUS (up to 10). No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. The MTUS recommends against passive modalities for chronic pain and there is no prescription which lists the actual treatment modalities. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. A critical measure of function, work status, was not addressed. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and lack of a sufficient prescription.

Physical therapy for the left knee, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has stated that the current physical therapy prescription is for an exercise program. The actual exercises and any other modalities to be used were not described. Exercise instruction should not require as many as 12 visits. The current physical therapy prescription (12 visits) exceeds the quantity recommended in the MTUS (up to 10). No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. The MTUS recommends against passive modalities for chronic pain and there is no prescription which lists the actual treatment modalities. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. A critical measure of function, work status, was not addressed. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and lack of a sufficient prescription.

Physical therapy for the right knee, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine Page(s): 9,98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has stated that the current physical therapy prescription is for an exercise program. The actual exercises and any other modalities to be used were not described. Exercise instruction should not require as many as 12 visits. The current physical therapy prescription (12 visits) exceeds the quantity recommended in the MTUS (up to 10). No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. The MTUS recommends against passive modalities for chronic pain and there is no prescription which lists the actual treatment modalities. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. A critical measure of function, work status, was not addressed. Physical Medicine is

not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and lack of a sufficient prescription.

Physical therapy for the left ankle, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Introduction, functional improvement Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has stated that the current physical therapy prescription is for an exercise program. The actual exercises and any other modalities to be used were not described. Exercise instruction should not require as many as 12 visits. The current physical therapy prescription (12 visits) exceeds the quantity recommended in the MTUS (up to 10). No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. The MTUS recommends against passive modalities for chronic pain and there is no prescription which lists the actual treatment modalities. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. A critical measure of function, work status, was not addressed. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and lack of a sufficient prescription.

Physical therapy for the right ankle, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Introduction, functional improvement Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression

to home exercise. The treating physician has stated that the current physical therapy prescription is for an exercise program. The actual exercises and any other modalities to be used were not described. Exercise instruction should not require as many as 12 visits. The current physical therapy prescription (12 visits) exceeds the quantity recommended in the MTUS (up to 10). No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. The MTUS recommends against passive modalities for chronic pain and there is no prescription which lists the actual treatment modalities. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. A critical measure of function, work status, was not addressed. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and lack of a sufficient prescription.