

Case Number:	CM15-0129678		
Date Assigned:	07/16/2015	Date of Injury:	03/02/2015
Decision Date:	12/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old male who sustained a work-related injury on 3-2-15. Medical record documentation on 6-1-15 and 4-8-15 revealed the injured worker was being treated for cervical spine sprain-strain, left wrist sprain-strain, lumbar spine sprain-strain, and right knee sprain-strain. He reported on 6-1-15 that his condition remained unchanged since his previous evaluation. He reported moderate pain in the neck rated a 7 on a 10-point scale on 6-1-15 and 6 on 4-8-15, left wrist and hand pain rated a 9 on a 10-point scale on 6-1-15 and 7 on 4-8-15, low back pain rated a 9 on a 10-point scale on 6-1-15 and 6 on 4-8-15, and right knee pain rated a 6 on a 10-point scale on 6-1-15 and 5 on 4-8-15. On 6-1-15, he reported associated numbness and tingling and burning in the left hand. He had radiating pain from the mid back to the bilateral legs. Objective findings included tenderness to palpation of the cervical spine and limited cervical spine range of motion (6-1-15 and 4-8-15). He had palpable tenderness of the left wrist and hand and restricted range of motion (6-1-15 and 4-8-15). On 4-8-15 he had tenderness to palpation of the lumbar paraspinal muscles and restricted lumbar spine range of motion. The sensory test was normal in the lower extremities. He had tenderness to palpation over the right knee and but no significant swelling. There was no crepitus. He had restricted right knee range of motion. The medications listed are Tramadol and hydrocodone. The IW reported gastrointestinal upset with utilization of NSAIDs. A request for 8 additional chiropractic therapy sessions for the lumbar spine two times per week for four weeks, right knee brace purchase, one (1) pain management specialist consultation and an MRI of the right knee without contrast was received on 6-9-15. On 6-16-15, the Utilization Review physician determined 8 additional chiropractic

therapy for the lumbar spine two times per week for four weeks, right knee brace purchase, one (1) pain management specialist consultation and an MRI of the right knee without contrast was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pain management specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Surgical Considerations, References, and Knee Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation by specialists when the diagnosis is too complex or the presence of significant psychiatric conditions. The records did not show subjective, objective or radiological findings consistent with complex or deteriorating musculoskeletal conditions. There is documentation of pain relief and functional restoration with utilization of the pain medications. The criteria for one pain management specialist consultation was not met. The request is not medically necessary.

8 additional chiropractic therapy for the lumbar spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Physical Treatments.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of physical treatment modalities can result in reduction of pain, decreased in medication utilization and functional restoration. The records did not show subjective, objective or radiological findings consistent with exacerbation of the musculoskeletal pain. There is documentation of pain relief and functional restoration with utilization of the pain medications. The patient had previously completed PT and chiropractic treatments. The guidelines recommend that patient proceed to a home exercise program after completion of supervised physical treatment sessions. The criteria for 8 additional therapy for the lumbar spine 2 times a week for 4 weeks was not met. The request is not medically necessary.

MRI of the right knee, without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee MRI.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for evaluation of complex or deteriorating musculoskeletal condition that did not respond to conservative treatment with medications and physical therapy. The records did not show subjective, objective or radiological findings consistent with complex or deteriorating musculoskeletal conditions. There was no documentation of significant swelling or functional limitation of the right knee. There is documentation of pain relief and functional restoration with utilization of the pain medications. The criteria for MRI of the Right knee without contrast was not met. The request is not medically necessary.

Right knee brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Work-Relatedness, Activity Alteration, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee DME.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Durable Medical Equipment (DME) can be utilized to improve function and decrease pain in complex musculoskeletal conditions associated with functional limitation and dysfunction that not respond to conservative treatment with medications and physical therapy. The records did not show subjective, objective or radiological findings consistent with deteriorating musculoskeletal conditions or dysfunction. There was no documentation of significant swelling or functional limitation of the right knee. The patient reported pain relief and functional restoration with utilization of the pain medications. The criteria for right knee brace purchase was not met. The request is not medically necessary.