

Case Number:	CM15-0135996		
Date Assigned:	07/24/2015	Date of Injury:	04/10/2015
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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, California
 Certification(s)/Specialty: Family Practice

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 50 year old male patient, who sustained an industrial injury on 4/10/2015. He reported cumulative trauma injuries to his psyche, neck, right shoulder/arm, right hand/wrist, back upper and lower extremities, right ankle and foot. Diagnoses include cervical sprain/strain, rule out herniated nucleus pulposus, lumbar sprain/strain, rule out HNP, right shoulder sprain, rule out internal derangement, right hand/wrist sprain/strain rule out carpal tunnel syndrome, and right foot/ankle sprain/strain. Per the doctor's note dated 5/20/15, he had complained of intermittent neck pain with radiation to bilateral upper extremities, pain in the right shoulder and right wrist, and low back pain with radiation to the lower extremities. Additionally he complained of pain in the right foot and ankle and nervousness. The physical examination revealed tenderness in the cervical and lumbar spine with muscle spasms and decreased range of motion; the right shoulder-tenderness with positive impingement and crepitus and decreased range of motion; right wrist-tenderness, positive Phalen's and decreased range of motion. The medications list includes Nabumetone, Omeprazole, and cyclobenzaprine. Per the previous review dated 6/30/15, requested 12 physical therapy visits was modified to 10 physical therapy visits. The plan of care included twelve physical therapy sessions treating the lumbar spine, cervical spine, right shoulder, right hand, bilateral ankles, right foot and right wrist; and x-ray of the lumbar spine, cervical spine, right shoulder, right hand, bilateral ankles, right foot and right wrists; one functional improvement measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar spine, Cervical spine, Right Shoulder, Right Hand, Bilateral Ankles, Right Foot, Right Wrist, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): CH #8, Page 173. CH #9, page 203 CH #12, page 298 and CH #14 Page 369, Page 370.

Decision rationale: Per the cited guidelines "Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added." Per the cited guideline "1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening" are recommended. Per the doctor's note dated 5/20/15, the plan of care included twelve physical therapy sessions treating the lumbar spine, cervical spine, right shoulder, right hand, bilateral ankles, right foot and right wrist. Therefore, this request goes beyond the cited criteria. Patient was prescribed medications for pain on 5/20/2015. Response to these medications is not specified in the records provided. Detailed physical examination of bilateral ankle/foot with significant functional deficits that would require physical therapy visits are not specified in the records provided. The request of Physical Therapy for Lumbar spine, cervical spine, Right Shoulder, Right Hand, Bilateral Ankles, Right wrist, as submitted, is not medically necessary or fully established for this patient.

Xray of Lumbar spine, Cervical spine, Right Shoulder, Right Hand, Bilateral Ankles, Right Foot, Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 308, table 8-8, 182, 177-178, table 9-6, 214, 268-269, 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): CH #8, Page 177-178 CH #9, Page 207 CH #12, Page 303-304 and CH #14, pg. 372-373 and CH #11 Page 268-269.

Decision rationale: Per the ACOEM guidelines, regarding lumbar X-ray "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." Per the ACOEM chapter 8 guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled

out. Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure." Per the ACOEM guidelines regarding shoulder X-rays "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out..." Per the ACOEM's Occupational Medicine Practice Guidelines regarding right hand/wrist X-rays, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Per the cited guidelines "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders". Per the ACOEM's Occupational Medicine Practice Guidelines cited below, "For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during first month of activity limitation, except when a red flag noted on history or the examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met." Any evidence of red flags or serious spinal pathology is not specified in the records provided. The patient was prescribed medications for pain on 5/20/2015. Response to these medications is not specified in the records provided. Any plan for surgery/ invasive procedure is not specified in the records provided. Detailed physical examination of bilateral ankle/foot with significant functional deficits that would require X-rays are not specified in the records provided. The request for an X-ray of Lumbar spine, Cervical spine, Right Shoulder, Right Hand, Bilateral Ankles, Right Foot, Right wrist is not medically necessary or established for this patient.