

<b>Case Number:</b>	CM15-0137881		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female with an industrial injury dated 11-01-2007 and 08-18-2009. Her diagnoses included status post left shoulder surgery times two, right shoulder sprain, bilateral lateral epicondylitis and bilateral carpal tunnel. Prior treatment included diagnostics, medications and surgery. She presents on 05-13-2015 with bilateral shoulder pain and bilateral wrist pain. She states she is losing strength in gripping and grasping. Physical exam noted stiffness and tightness at cervical paravertebrals and trapezius. Range of motion was restricted and painful. There was tenderness noted at the AC joint and tenderness on the medial border of right scapular area. The treatment requests are for: X-ray of the lumbar spine per 6/10/15 order; X-ray of the left knee per 6/10/15 order; Lumbar support belt per 6/10/15 order; Consultation with cardiologist per 6/10/15 order; Consultation with an internist per 6/10/15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an internist per 6/10/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24-28.

**Decision rationale:** MTUS Guidelines have minimal medical standards to justify medical treatment, diagnosis or additional evaluations. This request does not meet these standards. The treating physician provides no symptom review or problems referable to an internal medical condition. The review of symptoms are reported to be negative for problems other than the musculoskeletal issues reported. Under these circumstances, the consultation with an internist per the 6/10/15 order is not supported by Guidelines. At this point in time, the request is not supported as being medically necessary.

**Consultation with cardiologist per 6/10/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24-28.

**Decision rationale:** MTUS Guidelines have minimal medical standards to justify medical treatment, diagnosis or additional evaluations. This request does not meet these standards. The treating physician provides no symptom review or problems referable to a cardiac medical condition. The review of symptoms are reported to be negative for problems other than the musculoskeletal issues reported. Under these circumstances, the consultation with a cardiologist per the 6/10/15 order is not supported by Guidelines. At this point in time, the request is not supported as being medically necessary.

**X-ray of the left knee per 6/10/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24, 25.

**Decision rationale:** MTUS Guidelines have minimal medical standards to justify medical treatment, diagnosis or additional evaluations. This request does not meet these standards. In the records reviewed there is no detailing of a knee injury nor is there a physical examination of the knee. Under these circumstances, the x-ray of the left knee per 6/10/15 order is not medically necessary.

**X-ray of the lumbar spine per 6/10/15 order:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS Guidelines are somewhat equivocal regarding the medical necessity for lumbar x-rays. For low back pain without red flags the Guidelines recommend no x-rays for the initial 6 weeks, but give the treating physician some leeway after that. Given the chronicity of the reported pain the x-rays are not encouraged, but are allowed per Guideline standards. Under these circumstances, the x-ray of the lumbar spine per 6/10/15 order is medically necessary.

**Lumbar support belt per 6/10/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/lumbar supports.

**Decision rationale:** MTUS Guidelines do not support the use of lumbar supports for persistent low back pain. The ODG Guidelines address this in detail and do allow for a back brace under specific exceptions such as post surgical status, objective instability or post fracture. This individual does not have any of these qualifying conditions and there are no other unusual circumstances to support an exception to Guidelines. The Lumbar support belt per 6/10/15 order is not supported by Guidelines and is not medically necessary.