

Case Number:	CM15-0166454		
Date Assigned:	09/04/2015	Date of Injury:	04/18/2014
Decision Date:	10/20/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York
 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:

This 49 year old male sustained an industrial injury on 4-18-14. He subsequently reported neck, back and shoulder pain. Diagnoses include sprain of wrist. Treatments to date include MRI testing and prescription pain medications. The injured worker has continued complaints of low back, neck and bilateral shoulder pain. Upon examination, there was tenderness in the cervical paravertebral as well as spasms noted. Lumbar ranges of motion were reduced. Kemp's test was positive. Bilateral wrist ranges of motion were reduced, Tinel's and Phalen's were positive on the left. Bilateral shoulder ranges of motion were reduced. impingement sign was positive on the left. A request for Physical therapy 2x3 for the left leg, MRI of the lumbar, MRI of left lower extremity and Physical therapy of the lumbar 2x3 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 for the left leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Pain, Suffering, and the Restoration of Function Chapter page 114; Official Disability Guidelines (ODG) Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Physical medicine treatment.

Decision rationale: MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. When the treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. MTUS and ODG guidelines recommend 12 physical therapy visits over 8 weeks for medical management of knee sprains and strains. The injured worker's symptoms are noted to date back to over a year prior to the requested service currently under review. Documentation fails to indicate details of previous trial of conservative treatment, including physical therapy and there is no report provided to detail the extent of treatment to date, or effect on the injured worker's function. As a result, it is unclear if this is an initial request for physical therapy or a recommendation for additional therapy. Physician reports do not show objective evidence of exceptional factors in this case. The request for Physical therapy 2x3 for the left leg is not medically necessary due to lack of adequate information and by MTUS.

MRI of the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complains of chronic low back pain. No report is provided regarding previous diagnostic imaging. Although, physician report at the time of the requested service indicates clinical signs of radiculopathy, there is no evidence of acute exacerbation of the injured worker's symptoms or objective clinical finding of red flags that would be suspicious of serious spinal pathology. Furthermore, there is lack of Physician report indicating that surgery is being considered. The request for MRI of the lumbar is not medically necessary per MTUS.

MRI of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

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

Decision rationale: Per guidelines, Magnetic resonance imaging (MRI) may be considered if posterior knee dislocation or ligament or cartilage disruption is suspected in the evaluation of soft tissue injuries. MRI should be reserved for situations in which further information is required for a diagnosis, and there is consideration for arthroscopy. Repeat MRIs are recommended in patients who have undergone meniscal repair if a residual or recurrent tear is suspected. The injured worker complains of chronic left knee pain. Documentation fails to reveal any red flags on physical examination or acute changes in symptoms that would warrant Magnetic resonance imaging. The request for MRI of left lower extremity is not medically necessary.

Physical therapy of the lumbar 2x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Pain Suffering, and the Restoration of Function Chapter page 114; Official Disability Guidelines (ODG) Low Back Chapter.

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

Decision rationale: MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. When the treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and Intervertebral disc disorders without myelopathy. The injured worker's complains of low back pain date back to over a year prior to the requested service currently under review. Documentation fails to indicate details of previous trial of conservative treatment, including physical therapy and there is no report provided to detail the extent of treatment to date, or effect on the injured worker's function. As a result, it is unclear if this is an initial request for physical therapy or a recommendation for additional therapy. Physician reports do not show objective evidence of exceptional factors in this case. The request for Physical therapy of the lumbar 2x3 is not medically necessary due to lack of adequate information and by MTUS.