

Case Number:	CM15-0166666		
Date Assigned:	09/04/2015	Date of Injury:	08/24/2009
Decision Date:	10/20/2015	UR Denial Date:	07/21/2015
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:

The injured worker is a 66 year old male who sustained an industrial injury on 08-24-2009. He had a cumulative trauma from 04-01-2007 to 04-11-2014. Diagnoses include sprain-strain of the lumbar spine rule out herniated disc, sprain- strain of the cervical spine, sprain-strain of the thoracic spine, bilateral shoulder impingement syndrome, bilateral elbow lateral epicondylitis, and sprain-strain of the left wrist, sprain-strain of the bilateral knees, and anxiety and depression. Treatment to date has included diagnostic studies, medications, physical therapy, aquatic therapy, and acupuncture. There is a report of an Electromyography study done on 12-02-2014 which revealed multilevel bilateral cervical radiculopathy or the possible involvement of multiple upper extremity nerves. The most recent physician progress note dated 05-01-2015 documents the injured worker complains of headaches, neck pain, low back pain, bilateral shoulder pain, bilateral elbow pain, left wrist pain, bilateral knee pain and irritability, crying and anxiety. This physician note has date of injury listed as 01-18-2013, was a slip and fall. He states his medications, acupuncture and therapeutic activities are providing him relief of symptoms. To date he has had 8 physical therapy visits, 1 chiropractic treatment, and 14 sessions of acupuncture. There is tenderness to palpation over the cervical paracervical musculature. He has tenderness to palpation over the paralumbar muscles. Supine straight leg raise is positive and femoral nerve stretch test is positive bilaterally. There is diffuse tenderness of the shoulder joints. Neer's and Hawkins's test are positive bilaterally. He has diffuse tenderness over his knees and he has patellar crepitus is present. Treatment requested is for x rays of the lumbar spine, retrospective x-ray of the right knee, retrospective x-ray of the left

knee, retrospective x ray of the cervical spine, Physical Therapy for 8 sessions to the cervical and lumbar spine, bilateral shoulder/elbows/knees and left wrist, twice a week for four weeks, and Chiropractic Therapy treatments for 4 sessions to the cervical and lumbar spine, bilateral shoulders/elbows/knees and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective X-Ray of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: MTUS, ACOEM, Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 341 MTUS recommends plain-film radiographs of the knee, and special imaging studies only after a period of conservative care and observation, and only when a red flag is noted on history or examination such as significant hemarthrosis or the inability to flex the knee to 90 degrees, raising suspicion of conditions including fracture. The injured worker complains of ongoing left knee pain. Documentation fails to show any red flags on physical examination to support the medical necessity of a knee X-ray. The request for Retrospective X-Ray of the left knee is not medically necessary per MTUS.

Retrospective X-Ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. 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. Documentation fails to show objective clinical evidence of specific nerve compromise on the physical examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for Retrospective X-Ray of the cervical spine is not medically necessary.

Chiropractic Therapy treatments for 4 sessions to the cervical and lumbar spine, bilateral shoulders/elbows/knees and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Hand Chapters, Manual Therapy.

Decision rationale: MTUS recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. ODG recommends 9 visits over 8 weeks for sprains and strains of shoulder and upper arm and 6 Chiropractic visits over 2-3 weeks for neck pain and low back pain due to strain. The primary criterion for continued treatment is based on patient response. As time goes, fading of treatment frequency (from up to 3 visits per week to 1 or less) should be allowed, plus active self-directed home therapy. MTUS and ODG do not recommend chiropractic treatment for forearm, wrist and hand. Additionally, given that this injured worker has had an initial course of physical therapy, acupuncture and chiropractic care and there is lack of information demonstrating a significant improvement in physical function, medical necessity for additional manual therapy has not been established. Per guidelines, the request for Chiropractic Therapy treatments for 4 sessions to the cervical and lumbar spine, bilateral shoulders/elbows/knees and left wrist is not medically necessary.

X-Rays of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back, Lumbar and Thoracic.

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. Documentation fails to show objective clinical evidence of specific nerve compromise on the physical examination or acute exacerbation of the injured worker's symptoms of low back pain to support the medical necessity for repeat X-rays. The request for X-Rays of the lumbar spine is not medically necessary per MTUS.

Retrospective X-Ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: MTUS recommends plain-film radiographs of the knee, and special imaging studies only after a period of conservative care and observation, and only when a red flag is noted on history or examination such as significant hemarthrosis or the inability to flex the knee to 90 degrees, raising suspicion of conditions including fracture. The injured worker complains of right knee pain. Documentation fails to show any red flags on physical examination to support the medical necessity of a knee X-ray. The request for Retrospective X-Ray of the right knee is not medically necessary per MTUS.

Physical Therapy for 8 sessions to the cervical and lumbar spine, bilateral shoulder/elbows/knees and left wrist, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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) Physical Therapy 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. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Documentation indicates that the injured worker had already been prescribed an initial course of physical therapy, acupuncture and chiropractic care with no significant objective improvement in physical function. Physician reports fail to show acute exacerbation of symptoms to establish the medical necessity for additional physical. Per guidelines, the request for Physical Therapy for 8 sessions to the cervical and lumbar spine, bilateral shoulder/elbows/knees and left wrist, twice a week for four weeks is not medically necessary.