

Case Number:	CM15-0185961		
Date Assigned:	10/02/2015	Date of Injury:	05/06/2015
Decision Date:	12/11/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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 61 year old female, who sustained an industrial injury on 5-6-2015. The injured worker is undergoing treatment for: injury to the neck, back, shoulders, hip, feet, knees, and wrist. On 6-9-15, she reported pain to the neck, bilateral shoulders, bilateral wrists, hands and fingers, middle and low back, bilateral hips, bilateral knees, bilateral feet and toes. She also reported anxiety, depression, insomnia, and nervousness. Objective findings revealed her blood pressure as 129 over 81, appearing anxious, good eye contact, normal speech, normal gait, tenderness and painful full range of motion of the neck, tenderness in the trapezius, tenderness in the thoracic and lumbar spine, decreased lumbar spine range of motion, tenderness in the bilateral shoulders, wrists and hands, fingers have full range of motion, tenderness in the bilateral hips, left knee, and ankle. There is no documented pain level rating. On 8-10-15, she rated her pain 9 out of 10 to the neck, thoracic, lumbar spine and bilateral shoulder, 5 out of 10 to the wrists, 8 out of 10 to the hips, and 7 out of 10 to the knees and foot. She is noted to have improved with medications and therapy. There is no discussion of how she is improved. Her functional status is not documented. There are no significant changes to the objective findings noted. The treatment and diagnostic testing to date has included: urine drug screen (6-9-15 and 9-10-15), medications, ice, moist heat, bracing, home exercise program. There are notations of pending diagnostic tests. Medications have included: Nabumetone, Cyclobenzaprine, and Omeprazole. Current work status: restricted-modified. The request for authorization is for: internal medicine consultation; functional improvement measurement with functional improvement measures for bilateral wrist, bilateral shoulders, bilateral feet, neck, thoracic, and

lumbar; electromyogram-nerve conduction velocity (EMG-NCV) to bilateral upper extremities; magnetic resonance imaging of the bilateral shoulders, bilateral knees, cervical and lumbar; physical therapy 3 times a week for 4 weeks for the lumbar, thoracic, neck, bilateral shoulders, bilateral knees, bilateral feet, and bilateral wrists. The UR dated 8-28-2015: non-certified the request for internal medicine consultation; functional improvement measurement with functional improvement measures for bilateral wrists, bilateral shoulders, bilateral feet, neck, thoracic, and lumbar; electromyogram-nerve conduction velocity (EMG-NCV) to bilateral upper extremities; magnetic resonance imaging of the bilateral shoulders, bilateral knees, cervical and lumbar; physical therapy 3 times a week for 4 weeks for the lumbar, thoracic, neck, bilateral shoulders, bilateral knees, bilateral feet, and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Office visits.

Decision rationale: Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. The treating provider does not specify what the concerns are that need to be addressed. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.

Functional improvement measurement with functional improvement measures for bilateral wrist, bilateral shoulders, bilateral feet, neck, thoracic, lumbar: 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): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guide Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The CA MTUS Guidelines state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guide do not recommend proceeding with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. Within the medical information available for review, the injured worker has chronic pain and there is no indication the injured worker is close or at maximum-medical-improvement (MMI). There is no documentation of prior unsuccessful return-to-work (RTW) attempts. Medical records lack information about job description, physical demand level and specific work-related tasks. Also records do not document injured worker's return to work goals. The medical necessity of the requested treatment has not been established. Therefore the request is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The records of injured worker mentions pain in the neck, bilateral shoulders, bilateral wrists, hands and fingers, middle and low back, bilateral hips, bilateral knees, bilateral feet and toes. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. The injured worker is not presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for Electrodiagnostic studies. The request for an EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.

MRI bilateral shoulder: Upheld

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

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

Decision rationale: Shoulder-MRI. As per ODG, criteria for MRI (magnetic resonance imaging): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Review of submitted Records indicates that injured worker is diagnosed with a cervical sprain, right shoulder sprain, right elbow strain and a right hand and wrist sprain. As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs. The records are not clear about neurological findings, and there are no red flags. Without such evidence, and based on guidelines cited, the request for MRI bilateral shoulders is not medically necessary and appropriate.

MRI bilateral knees: 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): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter-Knee - Magnetic resonance imaging (MRI).

Decision rationale: Knees-MRI. California MTUS Guidelines state Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Official Disability Guidelines (ODG) recommend MRI (magnetic resonance imaging) of Knee for: 1) Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. 2) Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. 3) Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. There is no clear documentation of any mechanical findings to support internal derangement. Review of submitted medical records of injured worker does not mention failure of conservative treatment. Based on submitted clinical information, the requested treatment MRI of bilateral knees cannot be determined as medically appropriate. Therefore the request is not medically necessary.

MRI cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter- Neck- Magnetic resonance imaging (MRI).

Decision rationale: Cervical - MRI. MTUS/ACOEM state many patients with strong clinical findings of nerve root dysfunction due to disk herniation recover activity tolerance within one month; there is no evidence that delaying surgery for this period worsens outcomes in patients without progressive neurologic findings. Spontaneous improvement in MRI documented cervical disk pathology has been demonstrated with a high rate of resolution. As per ODG - criteria for MRI (magnetic resonance imaging): Chronic neck pain (equals after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit; Upper back/thoracic spine trauma with neurological deficit. Review of submitted medical records of injured worker mention about pain in the neck, bilateral shoulders, bilateral wrists, hands and fingers, middle and low back, bilateral hips, bilateral knees, bilateral feet and toes. The records are not clear about neurological findings, and there are no red flags. Without such evidence and based on guidelines cited, the request for MRI cervical spine is not medically necessary and appropriate.

MRI lumbar: 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): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Magnetic resonance imaging (MRI).

Decision rationale: MRI--LUMBAR SPINE. As per Official Disability Guidelines (ODG) - MRI (magnetic resonance imaging) is indicated for Lumbar spine trauma: trauma, neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other red flags, Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset, Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant

pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider notes no changes in neurological exam, and there are no red flags. Therefore, the request for MRI Lumbar spine is not medically necessary and appropriate.

Physical therapy three times a week for four weeks, lumbar, thoracic, neck, bilateral shoulder, bilateral knee, bilateral feet, and bilateral wrist: Overturned

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.

Decision rationale: The California Chronic Medical Treatment Guidelines note 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." ACOEM guidelines recommend, "If the response to treatment with non-prescription analgesics does not adequately relieve symptoms and activity limitations, physical methods can be added. Physical methods include stretching, exercises, at home cold and heat, aerobic exercise, 1-2 visits for education, counseling, and evaluation of home exercise." According to medical records received the injured worker has not received physical therapy in the past. Physician reports do not support significant improvement with the current treatment. The injured worker's complaints appear to be Musculoskeletal. Therefore the requested treatment: Physical therapy three times a week for four weeks, lumbar, thoracic, neck, bilateral shoulder, bilateral knee, bilateral feet, and bilateral wrist is medically necessary.