

Case Number:	CM15-0187100		
Date Assigned:	09/29/2015	Date of Injury:	08/08/2007
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/23/2015

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: North Carolina, Georgia
 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:

The injured worker is a 56 year old male with an industrial injury dated 08-08-2007. Medical records indicate he is being treated for low back pain, left ankle pain, possible lumbar facet pain, obesity, chronic pain syndrome and muscle pain. Medical history included type 2 diabetes-insulin dependent, essential hypertension versus hypertensive heart disease, morbid obesity, sleep apnea and hyperlipidemia. Subjective complaints 08-18-2015 included left ankle pain, left knee pain and lower back pain. The injured worker describes his left ankle pain as "sharp, stabbing, throbbing pain", aggravated by standing on the foot and aggravated by putting pressure on the foot. The injured worker described his back pain as "sharp" without any numbness or tingling in the lower extremities. The treating physician documented: "He was not able to even walk one block but with the help of physical therapy he can now walk more than one block." "He can help his wife with the household chores at home with physical therapy." The injured worker rated his pain as 8 out of 10 without medication and 5 out of 10 with medications. Work status 08-08-2015 is documented as "not working." His current medications include Norco, Atrovastatin, Flexeril, Gabapentin, Hydrochlorothiazide, Motrin, Lantus, Lispro, Lisinopril, Glucophage, Metformin, Promethazine DM and Viagra. Prior treatment included 2 left ankle surgeries, physical therapy (at least 18 visits). The injured worker stated the physical therapy for the left ankle has "helped him tremendously." "It has helped him tremendously." Other treatments included medication and brace to left knee. Physical exam findings (08-18-2015) included mild tenderness to palpation around the paraspinal muscles of the lumbar spine with decreased range of motion in all planes. Patrick's sign was positive on the right side.
 Straight

leg raise test was documented as positive on the right and left side. Strength is documented as 5 out of 5 in the lower extremities with sensation being intact but diminished in the left leg compared to the right. Deep tendon reflex of the right leg is documented as 1 plus, "Unable to do the left leg because the patient is wearing a brace and cannot remove it at this time." Left ankle examination revealed mild tenderness to palpation around the medial lateral and calcaneal aspect of the ankle. There was 1 plus non-pitting edema. Range of motion was documented as painful and limited. Diagnostics included MRI of the left knee and x-ray of left ankle. The treatment request is for: MRI (magnetic resonance imaging), lumbar spine- Ice pack- Additional Physical Therapy, left ankle, 6 sessions. On 09-01-2015 the following treatment requests were denied by utilization review: MRI (magnetic resonance imaging), lumbar spine- Ice pack Additional Physical Therapy, left ankle, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. There is no documentation of red flag findings and no suggestion that surgical intervention is being considered. Lumbar MRI is not medically necessary.

Additional Physical Therapy, left ankle, 6 sessions: 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 rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed multiple physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy versus use of the home

exercise program provided at prior physical therapy. The request for additional physical therapy sessions is not medically necessary.

Ice pack: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: The ACOEM chapter on knee complaints does recommend ice or for treatment of knee pain in the acute phase of injury. ACOEM is clear that the home application of simple hot or cold packs by the patient is as effected as those performed by a therapist. In this case, the injury is many years old and there is no clear indication for ongoing ice pack therapy. Ice pack is not medically necessary.