Case Number:	CM15-0190079		
Date Assigned:	10/02/2015	Date of Injury:	04/01/2014
Decision Date:	12/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/28/2015

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 46 year old male who sustained an industrial injury on April 01, 2014. A recent primary treating office visit dated August 18, 2015 reported subjective complaint of "burning right shoulder pain radiating down the arm to the fingers associated with muscle spasms." The pain is described as "constant, moderate to severe." He also has complaint of "burning left knee pain and muscle spasms." He also states complaints of "burning left ankle and left foot pain." He states "the symptoms persist but the medications do offer temporary relief of pain and improve his ability to have restful sleep." The following treating diagnoses were applied to this visit: right shoulder sprain and strain; non traumatic rupture of right shoulder tendon; right shoulder tendonitis; right shoulder bursitis; right shoulder acromioclavicular arthrosis; rule out right shoulder internal derangement; low back pain; lumbar spine strain and sprain; lumbar disc displacement herniated nucleus pulposus; lumbar spine degenerative disc disease; Schmorl's node, lumbar spine; radiculitis, lower extremity; left knee strain and sprain; left knee medial meniscal tear; left knee Baker's cyst; left knee medial tendinitis; left ankle and foot pain; left ankle strain and sprain, and left ankle tenosynovitis. The plan of care noted pending authorization for nerve conduction study of bilateral upper extremities; requesting MRI of right shoulder lumbar spine, left knee, left ankle, and left foot; orthopedic referral; pending psychiatrist; undergo a course of physical therapy; continue with acupuncture and chiropractic treatment and undergo 3 sets of PRP treatment to bilateral knee, separately for functional improvement. Primary follow up dated March 17, 2015 reported "unchanged" subjective complaints. Previous MRI: on February 05, 2015 left knee study performed; August 28, 2015

study of left ankle; September 03, 2015 study of right shoulder and lumbar spine performed. Current medications consisted of: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Flexeril, and Ketoprofen cream. On August 18, 2015 a request was made for: 18 sessions of physical therapy, chiropractic, and acupuncture, 3 sets of PRP injections left knee and undergo MRI's of lumbar spine, right shoulder, and left ankle and foot which were noted with non-certification by Utilization Review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy for the lumbar spine, right shoulder and left ankle/foot: 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. 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 exceeds the guidelines, exceptional factors should be noted. The injured worker complains of ongoing low back, right shoulder, left ankle and foot pain, with no report of significant improvement in physical function with previous physical therapy. Given that the injured worker has completed an initial course of physical therapy and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional physical therapy has not been established. Per guidelines, the request for 18 Physical therapy for the lumbar spine, right shoulder and left ankle/foot is not medically necessary.

18 Acupuncture treatment for the lumbar spine, right shoulder and left ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Documentation

shows that the injured worker complains of ongoing low back, right shoulder, left ankle and foot pain, managed to date with multiple treatment modalities, including Physical Therapy, Chiropractic treatment and Acupuncture. Given that the injured worker has completed an initial course of acupuncture and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional acupuncture has not been established. Per guidelines, the request for 18 Acupuncture treatment for the lumbar spine, right shoulder and left ankle/foot is not medically necessary.

18 Chiropractic manipulation for the lumbar spine, right shoulder and left ankle/foot: 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 rationale: MTUS recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. MTUS recommends a trial of 6 Chiropractic visits over 2 weeks for initial treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. Per guidelines, 9 visits over 8 weeks are recommended for sprains and strains of shoulder and upper arm. Elective/maintenance care is not medically necessary. MTUS does not recommend Chiropractic treatment for the Ankles. Documentation shows that the injured worker complains of ongoing low back, right shoulder, left ankle and foot pain, managed to date with multiple treatment modalities, including Chiropractic treatment, with no report of significant improvement in physical function. Given that this injured worker has completed a course of Chiropractic therapy which meets the quantity recommended by the MTUS as an initial course and the lack of physician reports describing specific functional improvement, the medical necessity for further Chiropractic therapy has not been established. The request for 18 Chiropractic manipulation for the lumbar spine, right shoulder and left ankle/foot is not medically necessary based on lack of functional improvement and the MTUS.

3 Sets of PRP injections to the left knee: 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), Knee and Leg (Acute and Chronic), Platelet Rich Plasma.

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.

Decision rationale: MTUS does not address this request. Per ODG, Platelet-rich-plasma (PRP) therapy represents a novel noninvasive treatment method for patients with acute or chronic soft-tissue musculoskeletal injuries, but it remains under study. ODG states that the clinical results are encouraging, but inconsistent, and there is a need for further basic-science investigation, as

well as randomized, controlled trials to identify the benefits, side effects, and adverse effects that may be associated with the use of PRP for muscular and tendinous injuries. As per guidelines, further clarification of indications and time frame is needed to support the necessity or indication of PRP. The request for 3 Sets of PRP injections to the left knee is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM (2007) Chapter 12 (Low Back Complaints: Special Studies and Diagnostic and Treatment Considerations), page 53.

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. Documentation fails to demonstrate acute exacerbation of symptoms or new findings of objective clinical evidence of red flags that would be suspicious of serious spinal pathology. The medical necessity for repeat MRI has not been established. The request for MRI study of lumbar spine is not medically necessary per MTUS.

1 MRI of the right shoulder: Upheld

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

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

Decision rationale: MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker complains of chronic right shoulder pain, already evaluated with recent imaging. Chart documentation fails to show any red flags or new unexplained physical findings on examination that would warrant additional imaging. The request for 1 MRI of the right shoulder is not medically necessary by MTUS.

1 MRI 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 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 new findings of red flags on physical examination or acute changes in symptoms that would warrant additional imaging. The request for 1 MRI of the left knee is not medically necessary.

1 MRI of the left ankle and left foot: Upheld

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

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

Decision rationale: MTUS recommends special imaging studies of the foot or ankle only after a period of conservative care and observation, and only when a red flag is noted on history or examination to raise suspicion of a dangerous foot or ankle condition or of referred pain. The injured worker complains of chronic left ankle and left foot pain. Documentation fails to show new findings of red flags on physical examination to support the medical necessity for additional imaging. The request for 1 MRI of the left ankle and left foot is not medically necessary per MTUS.