MAXIMUS Federal Services

| Case Number: | CM15-0199098 | | |
|---|---|---|---|
| Date Assigned: | 10/14/2015 | Date of Injury: | 04/06/2012 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

## 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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 male who sustained an industrial injury April 6, 2012. Past history included left shoulder surgery November 2014, hypertension, and diabetes. According to a physical medicine and rehabilitation consultation dated September 3, 2015, the injured worker presented with bilateral low back pain with radiating symptoms through the lateral thigh and calf down to the ankle. He reported pain in the bilateral knees, worse on the left (right compensatory) and right shoulder pain since using a cane approximately 8-9 months ago. He rated his overall pain 9 out of 10 without medication and 7 out of 10 with medication. He reports getting 2-4 hours of sleep per night. Physical examination revealed; 5'10 inches and 245 pounds; cervical spine-diminished range of motion with pain, Spurling and Root tension signs were negative; shoulders-markedly positive impingement maneuvers on the left side, mildly positive impingement maneuvers on the right side, muscle atrophy on the left side; lumbar spine-pain with range of motion, stiffness and tenderness throughout lower lumbar bilaterally, pelvic rock and sustained flexion positive, straight leg raise positive on the left; knees-left knee hypertrophied knee joint, flexion is 90 degrees, extension is nearly full, patellar ballottement severely increased his pain; right knee ligamental stress tests were negative, patellar ballottement increases pain, Lachman's maneuver is negative. Diagnoses are persistent bilateral shoulder pain; persistent bilateral knee pain, severe arthritis left knee; persistent low back and left lower extremity pain. Treatment plan included to continue Norco, and instead of Flexeril try Zanaflex, orthopedic consultation for the bilateral shoulders and knees, and radiological studies. At issue, is the request for authorization dated September 18, 2015, for an MRI of the lumbar spine and (12) sessions of physical therapy. According to utilization review dated October 2, 2015, the request for an Orthopedic Consultation for the left shoulder and left knee is certified. The request for Physical Therapy Sessions Quantity: (12) was modified to physical therapy sessions Quantity: (6). The request for an MRI of the Lumbar Spine was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 9th Edition, 2011, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The injured worker sustained a work related injury on April 6, 2012. The medical records provided indicate the diagnosis of left shoulder surgery November 2014, hypertension, and diabetes. Treatments have included physical therapy, Norco, and instead of Flexeril try Zanaflex, orthopedic consultation for the bilateral shoulders and knees. The medical records provided for review do not indicate a medical necessity for Physical therapy 12 sessions. The medical record of 05/215 noted he was undergoing physical therapy, although the report did not specify the part of the body; nevertheless, the requested number of visits exceeds the MTUS physical medicine recommendation of a fading treatment of 8-10 visits over 4-8 weeks followed by home exercise program.

**MRI of the 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:** The injured worker sustained a work related injury on April 6, 2012. The medical records provided indicate the diagnosis of left shoulder surgery November 2014, hypertension, and diabetes. Treatments have included physical therapy, Norco, and instead of Flexeril try Zanaflex, orthopedic consultation for the bilateral shoulders and knees. The medical records provided for review do not indicate a medical necessity for MRI of the lumbar spine. The medical records do not indicate the injured worker has unequivocal finding of neurological deficit, a necessary condition for Imaging in the MTUS guidelines. Whereas the medical records indicate the injured worker has unremarkable neurological examination of the lower extremities, except that the report in 09/2015 noted positive straight leg raise on the left (without specifying at what degree), the medical record of 05/2015 reported the straight leg raising is 90 degrees bilaterally. Therefore, the neurological examination of the lower extremities were inconclusive. The MTUS recommends as follows: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery.