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| Case Number: | CM15-0204788 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 01/22/2015 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male who sustained an industrial injury on 1-22-2015. A review of the medical records indicates that the worker is undergoing treatment for bilateral shoulder strain-sprain, rule out tendinitis impingement, cuff tear, right hand strain-sprain rule out tendinitis, carpal tunnel syndrome, left hand strain-sprain rule out tendinitis, carpal tunnel syndrome, right elbow strain-sprain, rule out lateral epicondylitis, bilateral knee strain-sprain rule out internal derangement, exogenous obesity, hypertension, and lumbar spine sprain-strain, rule out radiculopathy-radiculitis, herniated disc. Subjective complaints (6-1-15) include pain in bilateral shoulders, right elbow, bilateral wrists and hands, pain rated at 7 out of 10 and remains unchanged with pain radiating to the upper and lower extremities. Objective findings (6-1-15) of the right and left shoulder include tenderness of the greater tuberosity of the humerus, rotator cuff muscles, supraspinatus and infraspinatus, atrophy of rotator cuff muscles, positive impingement test, subacromial grinding and clicking, right wrist and hand; positive Tinel's and Phalen's, tenderness and a 2 point discrimination of the right median nerve (right wrist and hand exam), and right elbow tenderness of the lateral epicondyle. The lumbar spine findings (6-1-15) include positive straight leg raise at 70 degrees bilaterally, eliciting pain in the L5-S1 dermatome distribution, hypoesthesia at the anterolateral aspect of the foot and ankle and facet joint tenderness at the L5 level bilaterally. Work status was noted as temporary total disability until 7-13-15. Previous treatment includes (at least 12 visits) physical therapy, injection right knee and right elbow and index finger, medications, and applications of heat. On 9-29-15, the requested treatment of MRI-right elbow, MRI-bilateral knees, interferential unit 60 day rental, and

lumbosacral orthosis (LSO) brace purchase were non-certified and physical therapy 2 x 6 to the lumbar spine, bilateral shoulders, bilateral hands, right elbow and bilateral knees was modified to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, Lateral Epicondylalgia, Chronic Pain Considerations.

Decision rationale: According to the California MTUS, MRIs of the elbow can be indicated in situations where there is suspected ulnar collateral ligament tear, but they are not recommended for epicondylalgia. The injured worker has had ongoing pain in the elbow, with tenderness over the lateral epicondyle. There is mention that the Physician wishes to rule out ligament tears but there are no significant elbow deficits on most recent examination to warrant the MRI study. As such, this request is not medically necessary.

Magnetic resonance imaging (MRI) of the bilateral knees: Overturned

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 rationale: The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. Within the submitted records, it is noted that in March 2015 the injured worker had positive Apley and McMurray testing to the knees with documented failure to conservative treatment. As such, this request is reasonable and medically necessary.

Interferential (IF) unit, 30 minutes 3 times per day for 60 days (rental): Overturned

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): Transcutaneous electrotherapy.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines address interferential current stimulation (ICS). ICS is not recommended as an isolated intervention.

There is no quality evidence of effectiveness except in conjunction with recommended treatments including physical methods such as therapeutic exercise. Furthermore, CA MTUS guidelines support the use of ICS as a trial for the following: 1) Pain is ineffectively controlled due to diminished effectiveness of medications. 2) Pain is ineffectively controlled with medications due to side effects. 3) History of substance abuse. 4) Significant pain from post-operative conditions limits the ability to perform exercise programs/physical therapy treatment. 5) Unresponsive to conservative measures (repositioning, heat/ice, etc.). As the injured worker has been unresponsive to treatments including medications and therapy since injury, this request is reasonable and medically necessary.

Lumbo-Sacral Orthosis (LSO) brace (purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state that lumbar supports are recommended as an option for compression fractures, spondylolisthesis, instability, and for treatment of nonspecific low back pain (weak evidence). As there are no diagnoses including lumbar instability and as the injured worker is in the chronic phase; this request cannot be supported and not medically necessary.

Physical therapy 2 times a week for 6 weeks to the lumbar spine, bilateral shoulders, bilateral hands, right elbow, and bilateral knees: Upheld

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

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

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. As the injured worker has had chronic pain despite previous therapy, the request for additional therapy is not medically appropriate. As such, this request is not medically necessary.