

<b>Case Number:</b>	CM15-0048833		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on May 21, 2011. She reported falling, feeling pain in her left shoulder, low back, and bilateral knees. The injured worker was diagnosed as having derangement of shoulder joint, internal derangement of the knee, and internal derangement of the bilateral ankle and feet. Treatment to date has included physical therapy, left shoulder surgery in 2012, and medication. Currently, the injured worker complains of pain in the left shoulder, low back, and bilateral feet, with difficulty sleeping due to pain. The Primary Treating Physician's report dated February 12, 2015, noted the current medications as over-the-counter (OTC) Ibuprofen and Atorvastatin. Physical examination was noted to show tenderness to pressure over the left shoulder joint with positive impingement sign, spasm and tenderness to palpation of the lumbar paraspinal muscles, positive left straight leg raise test, tenderness to pressure over the left knee joint, and tenderness to pressure over the bilateral ankles and feet. Authorization was requested for physical therapy, orthotic evaluation for shoe orthotics, electromyography (EMG)/nerve conduction study (NCS) of the bilateral lower extremities, MRIs of the left knee, low back, and bilateral ankles, and medications (Carisoprodol, Naproxen Sodium, and Omeprazole DR).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left shoulder/left knee/low back/bilateral feet three times four twelve sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is nearly four years status post work-related injury and continues to be treated for chronic shoulder, back, and bilateral foot pain. When seen by the requesting provider, there was normal strength and sensation and the claimant was having localized low back pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

**Electromyogram/nerve conduction study bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is nearly four years status post work-related injury and continues to be treated for chronic shoulder, back, and bilateral foot pain. When seen by the requesting provider, there was normal strength and sensation and the claimant was having localized low back pain. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression or history of metabolic pathology. There is no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. Therefore, this requested is not medically necessary.

**MRI of the left knee/low back/bilateral ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging) (2) Ankle & Foot

(Acute & Chronic) Magnetic resonance imaging (MRI) (3) Knee & Leg (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant is nearly four years status post work-related injury and continues to be treated for chronic shoulder, back, and bilateral foot pain. When seen by the requesting provider, there was normal strength and sensation and the claimant was having localized low back pain. There was bilateral ankle and left knee tenderness with left knee positive McMurray testing. There were no complaints related to the left knee. Applicable criteria for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan, which therefore was not medically necessary. Applicable criteria for obtaining an MRI of the ankle include chronic ankle pain when plain films are normal, or when there is suspicion of tarsal tunnel syndrome, a Morton's neuroma, or, when in a young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. In this case, none of these criteria is met and therefore the requested MRI of the ankles is not medically necessary. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are nondiagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no physical examination findings that would support the need to obtain an MRI. Therefore, an MRI of the knee is not medically necessary.