

Case Number:	CM15-0050226		
Date Assigned:	03/23/2015	Date of Injury:	09/11/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 54 year old female, who sustained an industrial injury on 9/11/14. She has reported slipping in a puddle of water on the floor losing her footing and falling on her right side with complaints of pain in the right leg, knee, ankle, shoulder, hand and wrist. The diagnoses have included right shoulder impingement, right knee internal derangement, and right ankle sprain. Treatment to date has included medications, diagnostics, crutches, bracing, physical therapy, conservative measures, Home Exercise Program (HEP) and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, as per the physician progress note dated 2/12/15, the injured worker complains of cervical pain with muscle spasms and cramping, right upper extremity shoulder pain, aching and stiffness, constant aching upper and low back pain with cramping, sharp pain in the hips with increased pain on the right side, sharp pain in the right knee that radiates to the leg and frequent pain in the right foot and ankle. The pain was rated from 4-9/10 on pain scale in all areas. The current medications included taking Tylenol, pain medication, anti-inflammatory Naproxen as needed and Omeprazole. Physical exam revealed tenderness to pressure over the right shoulder, restricted range of motion, and positive impingement test right shoulder. The right wrist revealed tenderness to palpation, decreased range of motion and positive Tinel's sign. The right ankle revealed tenderness to palpation. Work status was modified with restrictions. The physician requested treatments included Physical Therapy 3x4, right knee/ankle and Magnetic Resonance Imaging (MRI) right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4, right knee/ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents on 02/12/15 with cervical spine pain rated 5/10, right upper extremity pain rated 7-8/10, unrated left upper extremity pain, upper/lower back pain rated 6-10/10, hip/buttocks pain rated 7/10, right lower extremity pain rated 4/10, left foot pain rated 9/10, and sleep difficulties secondary to pain. The patient's date of injury is 09/11/14. Patient has no documented surgical history directed at these complaints. The request is for PHYSICAL THERAPY 3X4 RIGHT KNEE, ANKLE. The RFA is dated 02/12/15. Physical examination dated 02/12/15 reveals tenderness to palpation over the anterior right shoulder, ventral right wrist, and right ankle. Treater notes positive impingement sign and restricted range of motion to the right shoulder, positive Tinel's sign on the right wrist. The patient is currently prescribed Naproxen and Omeprazole. Diagnostic imaging included lumbar MRI dated 11/20/14 showing mild degenerative disc and facet joint disease, otherwise normal findings. Patient is currently working with modifications. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Regarding the request for 12 physical therapy sessions for this patient's knee and ankle complaints, the treater has exceeded guideline recommendations. The documentation provided indicates that this patient has undergone some physical therapy directed at these complaints to date with improvements, though the exact dates were not provided. However, MTUS guidelines indicate a maximum of 10 physical therapy sessions for chronic pain, the treater has requested 12. Therefore, the request IS NOT medically necessary.

MRI right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents on 02/12/15 with cervical spine pain rated 5/10, right upper extremity pain rated 7-8/10, unrated left upper extremity pain, upper/lower back pain rated 6-10/10, hip/buttocks pain rated 7/10, right lower extremity pain rated 4/10, left foot pain rated

9/10, and sleep difficulties secondary to pain. The patient's date of injury is 09/11/14. Patient has no documented surgical history directed at these complaints. The request is for MRI RIGHT WRIST. The RFA is dated 02/12/15. Physical examination dated 02/12/15 reveals tenderness to palpation over the anterior right shoulder, ventral right wrist, and right ankle. Treater notes positive impingement sign and restricted range of motion to the right shoulder, positive Tinel's sign on the right wrist. The patient is currently prescribed Naproxen and Omeprazole. Diagnostic imaging included lumbar MRI dated 11/20/14 showing mild degenerative disc and facet joint disease, otherwise normal findings. Patient is currently working with modifications. MTUS/ACOEM Chapter 11, Wrist, forearm, hand, page 268-269 for Special Studies and Diagnostic and Treatment Considerations state: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI's (magnetic resonance imaging) states: "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. " In regard to what appears to be the first MRI of the right wrist, the request appears reasonable. Treater has provided documentation showing sustained wrist pain and positive Tinel's sign. The records provided contain a plain film radiograph of the right wrist dated 09/11/14, indicating no visible clinical abnormalities. According to ODG guidelines, patients presenting with acute hand/wrist injury satisfy requirements for an MRI provided plain film radiographs are unremarkable. This patient meets both of these criteria. Therefore, this request IS medically necessary.