

Case Number:	CM15-0056808		
Date Assigned:	04/01/2015	Date of Injury:	11/26/2013
Decision Date:	05/29/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: Arizona, Michigan

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 49 year old female, who sustained an industrial injury on 11/26/13. She reported pain in the shoulders, left elbow, right knee, and left ankle. The injured worker was diagnosed as having right shoulder arthrofibrosis, right shoulder biceps tendonitis, rule out right knee medial meniscus tear, left elbow lateral epicondylitis, and left ankle sprain. Treatment to date has included physical therapy that was noted to be helpful and a right subacromial Cortisone injection. Ultrasounds performed on 8/2/14 were noted to have revealed normal bilateral shoulders and normal bilateral elbows. Currently, the injured worker complains of right shoulder pain, right knee pain, and left elbow pain. The treating physician requested authorization for physical therapy 2x6, a MRI without contrast for the right knee, a counter force brace, and a left lace up ankle brace. A physician's report noted physical therapy was needed for range of motion exercises and strengthening of the right shoulder, left elbow, and left ankle. A MRI of the right knee is needed to rule out a medial meniscus tear. A counterforce brace is needed for the left elbow in addition to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain Suffering and the Restoration of Function Chapter 6 page 114.

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records do not reveal extenuating circumstances that would necessitate deviating from and exceeding the guidelines and therefore the request for Physical therapy 2 times a week for 6 weeks is not medically necessary.

MRI without contrast for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Per the MTUS / ACOEM, imaging is not usually necessary until after a period of conservative care. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. A review of the injured workers medical records that are available to me did not reveal any documentation of emergence of red flags, therefore the request for MRI without contrast for the right knee is not medically necessary.

Counter Force brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter- Knee Brace prefabricated knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) / Splinting (padding).

Decision rationale: Per the MTUS / ACOEM for lateral elbow pain conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands) Per the ODG splinting is recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. Based on the guidelines and the injured workers clinical presentation the request for counter force brace for the left elbow is medically necessary.

Left lace up ankle brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Foot and Ankle Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) / Bracing (immobilization).

Decision rationale: The MTUS / ACOEM did not sufficiently address the use of an ankle brace therefore other guidelines were consulted. Per the ODG, bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. A review of the injured workers medical records did not reveal documentation of a clearly unstable ankle joint therefore the request for Left lace up ankle brace is not medically necessary.