

Case Number:	CM14-0124985		
Date Assigned:	08/13/2014	Date of Injury:	11/12/2012
Decision Date:	10/14/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 11/12/12 when she fell. An L5-S1 lumbar epidural steroid injection, PT for the lumbar spine, PT for the right ankle, and PT for the left wrist are under review. She has had PT and medications with little or no progress over time. She underwent fusion of the left wrist in February 2014 and had therapy after her surgery. Medications have included tramadol, naproxen, and hydrocodone. She has pain in the left wrist and forearm, right lateral ankle and right side of the low back radiating to the leg with numbness and tingling in her right leg and decreased range of motion. There was diffuse tenderness about the low back and the superior gluteal muscles and over the right lateral hip and tenderness of the left wrist. She had some swelling over the lateral malleolus and anteriorly. She had mild weakness in various body parts. She had decreased sensation in the ulnar aspect of the left hand. Kemp's test was positive on the left. Diagnoses include status post fusion surgery of the left wrist, right ankle sprain, and lumbosacral sprain. MRIs were ordered. Epidural steroid injection and PT were recommended. She saw [REDACTED] on 01/21/14. She was being followed for scapholunate dissociation without significant arthritic changes. She had left hand numbness. She had some injections to her wrist. Fusion was planned. She had a panel QME on 07/14/14. She reportedly had 12 sessions of PT for her left wrist which provided minimal benefit. Physical therapy for the right ankle was also of minimal benefit. An MRI of the right ankle reportedly showed 2 ganglion cysts and arthritic changes but no evidence of tendon or ligament disruption. She had 6 sessions of PT for her low back without any significant benefit. Neurologic examination revealed intact reflexes and strength was intact except for left wrist movements which were absent. She had mild weakness of right ankle dorsiflexion likely due to pain. She had an antalgic gait favoring the left leg. She had difficulty with her activities of daily living. An MRI reportedly showed L5-S1 degenerative disc disease but the date is not stated. She had a repeat

right ankle MRI 2 weeks before. She was not interested in any further surgical treatment as of 07/02/14, MRI of the right ankle revealed a ganglion cyst at the anterolateral joint and the navicular bone. There was a prior ankle sprain. There were findings of plantar fasciitis. She saw [REDACTED] on 06/17/14. She had been referred for pain management. Range of motion of the left wrist was quite limited and she had diffuse tenderness in the lumbar region. Sensation was intact to the bilateral lower extremities and reflexes were intact. Straight leg raise was equivocal on the right and negative on the left. MRIs of the low back and right ankle were recommended. She was given medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar Epidural under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for an ESI of the lumbar spine. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)..."There is no clear objective evidence of radiculopathy at the level to be injected as no focal neurologic deficits have been described. An MRI showed degenerative disease of the spine but there is no documentation of nerve root compression at level L5-S1. The claimant has stated that she does not want surgery so the ESI is not being recommended in an attempt to help her avoid surgery that has been recommended. No EMG was submitted. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request for an L5-S1 epidural steroid injection has not been clearly demonstrated.

Physical Therapy Lumbar 6 sessions: 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 TREATMENT Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 6 visits of PT for the lumbar spine. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue

active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, the claimant has attended PT for the lumbar spine with no evidence of significant improvement. There is no clinical information that warrants another course of PT for the lumbar spine. There is no evidence that the claimant has attempted and failed or is unable to complete her rehab with an independent home exercise program. The medical necessity of the additional 6 PT visits has not been clearly demonstrated.

Physical Therapy Right Ankle 6 sessions: 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 TREATMENT Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 6 visits of PT for the right ankle. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, the claimant has attended PT for her ankle with no evidence of significant improvement. There is no clinical information that warrants another course of PT for the ankle. There is no evidence that the claimant has attempted and failed or is unable to complete her rehab with an independent home exercise program. The medical necessity of the additional 6 PT visits for the right ankle has not been clearly demonstrated.

Physical Therapy Left Wrist 6 sessions: 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 TREATMENT Page(s): 130, Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: The history and documentation do not objectively support the request for additional postop PT for the left wrist. The MTUS Postsurgical Guidelines state ""Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months." The Chronic Pain Guidelines state "physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, the claimant has attended postop PT and there is no evidence that she remains unable to continue and complete her rehab with an independent HEP. There is no indication that continuation of supervised exercises is likely to provide her with significant or sustained benefit that she cannot achieve on her own. The medical necessity of this request for additional PT for the left wrist has not been clearly demonstrated.

