MAXIMUS Federal Services

| Case Number: | CM14-0146934 | | |
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| Date Assigned: | 09/12/2014 | Date of Injury: | 11/16/2011 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 63-year-old female with a work injury dated. The diagnoses include cervical strain with radicular complaints, bilateral shoulder rotator cuff tendinitis/bursitis, and bilateral carpal tunnel syndrome. Under consideration is a request for 8 sessions of physical therapy with massage, 2 x 4; updated MRI of the lumbar spine; updated MRI of the left knee. There is a primary treating physician report dated 7/22/14 that states that the patient presents reporting that she still has intermittent moderate pain of the left shoulder, lower back, and neck pain. The patient states that the lower back pain radiates into her left leg with numbness and tingling. She reports that she is going to a spa/sauna and notices that it is helping her with her symptoms, which is helping her sleep. The patient states that her left knee has been very painful as well with locking and giving way. She states that she has been noticing spasms in her lower back. The patient states that she is pending a left shoulder injection. Examination of the bilateral shoulders reveals tenderness to palpation noted about the bilateral trapezius musculature. There is positive impingement signs noted bilaterally. There is restricted range of motion due to complaints of pain. Examination of the bilateral wrists/hands reveals tenderness to palpation diffusely. There is restricted range of motion as well as decreased grip strength bilaterally. Examination of the lumbar spine reveals tenderness to palpation about the lumbar paravertebral musculature. There is a positive straight leg-raising test on the left. There is restricted range of motion due to complaints of discomfort and pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of Physical Therapy with Massage, 2 x 4:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60, 98-99.

**Decision rationale:** 8 Sessions of Physical Therapy with Massage, 2 x 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that massage should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The documentation indicates that the patient has had prior physical therapy. The guidelines recommend up to 10 visits for this condition. The documentation does not indicate significant evidence of functional improvement from prior therapy. The Request for 8 Sessions of Physical Therapy with Massage 2 x 4 is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Updated MRI of the Lumbar Spine is not medically necessary per the MTUS ACOEM and the Official Disability Guidelines. The guidelines state that indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The Official Disability Guidelines states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal a plan for lumbar surgery, significant change in symptoms, or evidence of red flag conditions. The request for updated MRI of the lumbar spine is not medically necessary.

**MRI of the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Knee chapter, MRI

**Decision rationale:** Updated MRI of the left knee is not medically necessary per the MTUS and ODG guidelines. The MTUS ACOEM guidelines state that 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. The ODG knee guidelines state that Repeat MRIs are only needed post-surgical if need to assess knee cartilage repair tissue. There is no documentation that patient has had recent knee surgery or is planning surgery. There is no evidence of new injury or red flag conditions. The request for an updated MRI of the left knee is not medically necessary.