

Case Number:	CM14-0155272		
Date Assigned:	09/25/2014	Date of Injury:	09/28/2013
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 injured worker is a 40-year-old male who reported injury on 09/28/2013, caused by an unspecified mechanism. The injured worker's treatment history included medications and physical therapy. The injured worker was evaluated on 04/23/2014 and it was documented the injured worker complained of cervical spine pain, lumbar pain and right ankle pain. Physical findings revealed loss range of motion of the knee. The injured worker had Achilles pain. It was documented that the injured worker had car problems and could not attend physical therapy. Diagnoses included lumbar sprain/strain, SI sprain/strain and ankle strain/sprain. Request for Authorization dated 04/23/2014 was for MRI of the lumbar spine, MRI of the right ankle, physical therapy sessions and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The injured worker has already had a MRI of the lumbar. The provider failed to indicate significant changes or nerve compromise on examination. There is also no indication of red flag diagnoses or the intent to undergo surgery. The request for MRI of the lumbar spine is not medically necessary.

MRI of right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: According to the California MTUS/ACOEM Guidelines, special studies are not needed for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle radiographic series is indicated if the patient is experiencing any pain in the: Malleolar area, and any of the following findings apply: a) tenderness at the posterior edge or tip of the lateral malleolus; b) tenderness at the posterior edge or tip of the medial malleolus; or c) inability to bear weight both immediately and in the emergency department. Mid foot area, and any of the following findings apply: a) tenderness at the base of the fifth metatarsal; b) tenderness at the navicular bone; or c) inability to bear weight both immediately and in the emergency department. Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. There is no documentation of plain x-rays being taken of the right ankle, which were determined to be within normal limits with failure of conservative treatment protocols prior to seeking advanced imaging. As such, the request for MRI of the right ankle is not medically necessary.

Physical therapy times 8 sessions: Upheld

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

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker received physical therapy; however, outcome measures were not submitted for review. The documentation submitted indicated the injured worker has had prior physical therapy sessions; however, the provider failed to indicate the injured worker's long term functional goals. As such, the request for Physical therapy for the lumbar spine, 2 times a week for 5 weeks (10 visits) is not medically necessary. The request failed to include location where physical therapy is required for the injured worker. On 04/23/2014, it is documented the injured worker had an initial 6 visits of physical therapy. However, outcome measurements were not submitted for this review. As such, the request for physical therapy 8 sessions is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post herpetic neuralgia. The guidelines recommend as a treatment option for acute postoperative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long term functional goals for the injured worker. Furthermore, the guidelines recommend a 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. The request submitted for the TENS unit failed to include location where the TENS unit is required for the injured worker. Moreover, the TENS unit is supposed to be used in conjunction with a Functional Restoration Program. The request for TENS unit is not medically necessary.