

Case Number:	CM14-0163279		
Date Assigned:	10/08/2014	Date of Injury:	06/13/2014
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old male with a 8/14/14 date of injury. At the time (9/9/14) of request for authorization for chiropractic care 3 x 4 for low back, EMG/NCS of BLE and BUE, internal medicine consultation, and MRI of the bilateral shoulders, low back, and bilateral knees, there is documentation of subjective (bilateral shoulder, low back, and bilateral knee pain) and objective (tenderness over the shoulder area, lumbar paraspinal muscles, and bilateral knee joint lines, decreased shoulder range of motion, positive bilateral impingement test, reduced sensation in bilateral feet, positive bilateral straight leg raising test, and positive bilateral McMurray's sign) findings, current diagnoses (derangement of joint - shoulder, lumbar radiculopathy, and internal derangement of knee), and treatment to date (not specified). Regarding EMG/NCS of BLE and BUE, there is no documentation of evidence of radiculopathy after 1-month of conservative therapy and a rationale for performing nerve conduction studies when a patient is presumed to have lower extremity symptoms on the basis of radiculopathy. Regarding internal medicine consult, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding MRI of shoulder, lumbar spine, and knees, there is no documentation of normal plain radiographs; failure of conservative treatment; and that the patient is considered for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE 3 X 4 FOR LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of derangement of joint - shoulder, lumbar radiculopathy, and internal derangement of knee. In addition, there is documentation of functional deficits and functional goals. However, the requested number of treatments exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for chiropractic care 3 x 4 for low back is not medically necessary.

EMG/NCS OF BLE AND BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): 177;33;303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of derangement of joint - shoulder, lumbar radiculopathy, and internal derangement of knee. However, given no documentation of treatments to date, there is no documentation of evidence of radiculopathy after 1-month of conservative therapy. In addition, specifically regarding NCS OF BLE, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCS of BLE and BUE is medically not necessary.

INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. . Within the medical information available for review, there is documentation of diagnoses of derangement of joint - shoulder, lumbar radiculopathy, and internal derangement of knee. However, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for internal medicine consultation is not medically necessary.

MRI OF THE BILATERAL SHOULDERS, LOW BACK AND BILATERAL KNEES:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 214, 303-304; 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Specifically regarding MRI of the shoulder, MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Specifically regarding MRI of the lumbar spine, MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Specifically regarding MRI of the knee, MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma

to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. Within the medical information available for review, there is documentation of diagnoses of derangement of joint - shoulder, lumbar radiculopathy, and internal derangement of knee. In addition, specifically regarding the shoulder, there is documentation of suspected impingement. Furthermore, specifically regarding the lumbar spine, given documentation of objective findings (reduced sensation in bilateral feet), there is objective findings that identify specific nerve compromise on the neurologic examination. However, there is no documentation of normal plain radiographs. In addition, there is no documentation of failure of conservative treatment. Furthermore, there is no documentation that the patient is considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of the bilateral shoulders, low back, and bilateral knees is not medically necessary.