

Case Number:	CM14-0174813		
Date Assigned:	10/27/2014	Date of Injury:	08/19/2013
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family 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 injured worker's date of injury is 08/19/2013. This patient suffered a fall, which resulted in contusions on her left side. Initially the pain involved the left upper extremity and right hand. On exam a notable finding is that sensation is reduced in the left foot. Motor exam and reflexes are normal. The patient received chiropractic, TENS, and then 24 sessions of physical therapy for the left arm, low back, and left lower extremity. The patient saw a podiatrist for left foot pain and had an MRI. For left shoulder pain the patient received a cortisone injection. The patient received aquatic therapy. Medications include: Diclofenac, Methocarbamol, Lamictal, Valtrex, Melatonin, Wellbutrin, and Zoloft. The medical diagnoses include: tendinitis of left ankle, neck muscle strain, left shoulder muscle strain, and upper back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 neck, low back, left foot: Upheld

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

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

Decision rationale: This patient has already received two dozen PT sessions. The guidelines call for a limited number of passive therapy (PT) and then continued active therapy (home exercises). There is no documentation of a new injury or indication for another round of PT. The suggested number of PT sessions for myalgia, neuralgia of radiculitis is up to 10 visits over 8 weeks, which has been exceeded. The request for additional PT is not medically indicated.

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Electrodiagnostic testing may be medically indicated when the clinical diagnosis is a peripheral neuropathy. The purpose of the electrodiagnostic testing is to further define any subtle focal neurologic dysfunction for patients with complaints of pain lasting 3-4 weeks. In this case however, there is no documentation of a neuropathic diagnosis. The electrodiagnostic testing is not medically indicated.

MRI, neck, left foot and left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, MRI; ODG, Wrist and Hand; ODG Neck

Decision rationale: An MRI imaging when used indiscriminately can lead to unnecessary operations because the modern MRI can resolve small structural changes that may or may not have clinical significance. Indications for a neck MRI include chronic neck pain with radiculopathy, suspected spinal trauma, or for planning for neck surgery. MRIs of a foot or wrist may be medically indicated for pre-surgical planning, to identified suspected ligamentous damage, or to image fractures not seen on plain film x-rays. None of these criteria are met for these three anatomic sites. As such, the request is not considered medically necessary.