

Case Number:	CM14-0183033		
Date Assigned:	11/07/2014	Date of Injury:	08/04/2014
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 male, age 42-year-old with a reported date of injury 08/04/2014. The mechanism of injury was a fall. His diagnoses were cervical spine sprain and strain, lumbar spine strain and sprain, left elbow sprain and strain, left wrist sprain and strain, left hand sprain and strain, right knee sprain and strain, right hip sprain/strain, right thigh sprain/strain, right ankle sprain/strain, and right foot sprain/strain. His past treatments include medications and 6 sessions of physical therapy. He presented on 10/02/2014 with complaints of neck pain, left elbow and wrist pain, right hip pain, thigh, knee and ankle pain. Upon physical examination of the spine, there was tenderness over the C3-8 and L2-8 spinous processes, the trapezius muscles and paracervical muscles bilaterally and paralumbar muscles. There was also tenderness over the medial aspect of the elbow and the left volar aspect of the wrist. The range of motion studies showed cervical flexion 46 degrees, extension 47 degrees, left lateral 43 degrees, right lateral 37 degrees, wrist flexion was within normal limits, extension 46 degrees, left elbow flexion 130 degrees, left knee flexion within normal limits, and lumbar extension within normal limits. No medications were listed in the documentation. The treatment plan included physical therapy with myofascial diathermy, massage, ultrasound, EMS, traction, paraffin wax, exercises, chiropractic treatment, x-rays, and psychological referral. The request was for PT with myofascial diathermy, massage, US, EMS, traction, paraffin wax, exercises 3 x 5, chiropractic treatment 2 x 5, x-rays of the right knee, x-rays of the left elbow, x-rays of the left wrist, x-rays of the lumbar spine and referral for a psychologist. No rationale was provided. The Request for Authorization form dated 10/02/2014 was included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT with myofascial diathermy, massage, US, EMS, traction, paraffin wax, exercises 3 x 5:
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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for PT with myofascial diathermy, massage, US, EMS, traction, paraffin wax, exercises 3 x 5 is not medically necessary. The injured worker complained of neck, low back, hip, thigh, knee, ankle, foot, hand and wrist pain. The California MTUS Guidelines recommended up to 10 physical therapy visits to restore flexibility, strength, endurance, function, range of motion, and decreasing pain. The guidelines also state that active treatments are recommended over passive modalities. The submitted documentation included range of motion deficits. The clinical documentation provided evidence that at least 6 prior physical therapy sessions had been provided. The medical record as submitted lacked documentation of re-evaluation of the prior physical therapy sessions had resulted in a significant functional gain. Myofascial diathermy, massage, ultrasound, traction and paraffin wax are passive modalities and not recommended by the guidelines over active therapy. In the absence of documentation showing objective functional improvement with previous physical therapy, and due to the excessive number of passive therapies and number of visits requested, the request is not supported. Therefore, based on the above reasons, the request for physical therapy with myofascial diathermy, massage, US, EMS, traction, paraffin wax, exercises 3 x 5 is not medically necessary.

Chiropractic treatment 2 x 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Medicine Page(s): 58.

Decision rationale: The request for chiropractic treatment 2 x 5 is not medically necessary. The injured worker complained of pain to the cervical spine lumbar spine, elbow, wrist, hand, knee, hip, thigh, ankle and foot. The California MTUS Guidelines note chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of the manual medicine is the achievement of positive symptomatic or objective measurable gains and the functional improvements that facilitate the progression in a patients therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement in a total of up to 18 visits. The submitted documentation lacked objective evidence of functional deficits in the areas to be

treated and details regarding previous chiropractic treatment since his injury to support the need for chiropractic therapy. Additionally, this treatment is not recommended for the ankle and foot, the wrist and hand and the knee, and the request does not specify the intended body part. The request for chiropractic treatment 2 x 5; therefore, is not medically necessary.

X-rays right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for x-rays of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines lists the perimeters for knee x-rays as joint effusion within 24 hours of a fall, palpable tenderness over the fibular head or patella, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex the knee to 90 degrees. The injured worker presented with a swollen right knee with tenderness; however, there were no objective findings of tenderness over the fibula or the patella. The worker was able to bear weight and there was no suspect of a fracture. Based on the evidence that was submitted, it fails to meet the support for the guideline of an x-ray of the knee. Therefore, the request for the x-rays of the right knee is not medically necessary.

X-rays left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The request for x-rays of the left elbow is not medically necessary. The California MTUS/ACOEM Guidelines state for most elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. X-rays may also be used to rule out osteomyelitis or joint effusion. The injured worker presented with left elbow pain. The documentation gave objective findings of elbow tenderness. There is no documentations supported that the injured worker had failed 4 weeks of conservative care. There was no documentation to believe that x-rays are needed to rule out osteomyelitis or joint effusion. The documentation failed to meet the guidelines, therefore, the request for x-ray of the left elbow is not medically necessary.

X-rays left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The request for x-rays of the left wrist are not medically necessary. According to the California MTUS/ACOEM Guidelines, most patients that present with a wrist injury, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The injured worker presented with complaints of wrist pain. Upon objective physical examination it showed tenderness but there was no documentation to indicate any prior injury or prior pain with the wrist. The request does not meet the guidelines recommendation due to the lack of information. Therefore, the request for x-rays of the left wrist is not medically necessary.

X-rays lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for x-rays of the lumbar spine are not medically necessary. According to the California MTUS/ACOEM Guidelines lumbar spine x-rays are not recommended in patients with low back pain in the absence of serious spinal pathology even if the pain has persisted for at least 6 weeks. The guidelines state there should be documentation of lumbar spine trauma, uncomplicated low back pain, myelopathy to support the necessity of lumbar x-rays. The documentation indicated there was evidence of tenderness over the L2-5 spinous processes and paralumbar muscles bilaterally and he had restricted range of motion. Based on the documentation submitted for review, physical examination findings of tenderness on the spine does not meet the guidelines for lumbar x-rays. As such, the request for lumbar x-ray is not medically necessary.

Referral to psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The request for referral to a psychologist is not medically necessary. Based on the California MTUS Guidelines, recommend psychological treatment for appropriately identified patients during treatment for chronic pain. The psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression and anxiety, panic disorder and post-traumatic stress disorder. The objective evidence of psychological evaluation should include patient

healthcare questionnaire, and Beck Depression Inventory. There is a lack of documentation to support a diagnosis of anxiety, depression, panic disorder or PTSD. No documentation was submitted to indicate a patient health questionnaire or Beck Depression Inventory was completed. The submitted documentation does not support the guidelines for referral through the psychologist. As such, the request is not medically necessary.