

Case Number:	CM14-0117439		
Date Assigned:	08/06/2014	Date of Injury:	04/20/2014
Decision Date:	05/26/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female who reported an injury on 04/20/2014. The mechanism of injury was a fall. She was diagnosed with cervical sprain/strain, left hip sprain, bilateral knee contusion, and lumbar sprain/strain. Her past treatments were noted to include physical therapy and medications. Her diagnostic studies included an unofficial x-ray of the lumbar spine, cervical spine, left hip, and right and left knee. The findings revealed preliminary interpretation of these x-rays are normal. On 04/20/2014, the injured worker reported she tripped over and fell down and scrapped both knees, hurt her left hip, her neck, and her right knee did not bend at first, and her lower back started hurting. On physical examination, she was alert and oriented times 3. She was noted to be ambulating with a normal gait and full weight bearing on both lower extremities. She had tenderness of the cervical spine and restricted range of motion. There was no weakness of the lower extremities. There was no evidence of restriction to the range of motion of the lumbar spine. Range of motion of the knees were normal. There was no tenderness of bilateral knees and no joint effusion or subluxation. Bilateral patellar and Achilles deep tendon reflexes were 2/4 and sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Her current medications were noted to include Tylenol extra strength 500 mg. The treatment plan included medications and a followup appointment. A request was submitted for 1 x-ray of the knees, 1 x-ray of the neck, 1 x-ray of the head, and 1 x-ray of the back; however, the rationale was not provided. On 06/04/2014, the injured worker was in for a follow up and needed a referral or consultation. The injured worker reported she has not improved significantly. It was noted that the injured worker participated in

2 sessions of physical therapy. There were no new symptoms reported. The injured worker reported neck, knee, and back pain. Upon physical examination, she was noted to be ambulating with a normal gait, full weight bearing on lower extremities. There was tenderness noted at the cervical spine and range of motion of the cervical spine was unrestricted. There was no tenderness of bilateral knees and no joint effusion noted. The injured worker had 5/5 strength of the lower extremities. The injured worker's bilateral patellar and Achilles deep tendon reflexes are 2/4. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-Ray of the Knees: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review does not provide evidence if the injured worker has participated in a full course of physical therapy. Additionally, there was no evidence of a significant change to warrant a repeat x-ray of the knees. The clinical documentation submitted for review indicated the injured worker has had a prior x-ray of the knees and indicated normal findings. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

1 X-Ray of the Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The clinical documentation submitted for review does not provide evidence that the injured worker participated in a full course of physical therapy. Additionally, there was no evidence of red flags upon physical examination. Furthermore, it was noted the injured worker had a previous x-ray of the neck which revealed normal findings and there was no evidence of a significant change in the injured worker's physical presentation to warrant a repeat x-ray of the neck. Given the above

information, the request is not supported by the guidelines. As such, the request is not medically necessary.

1 X-Ray of the Head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Online Edition-Chapter Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, X-Rays.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address x-rays of the head. The Official Disability Guidelines recommend an x-ray of the head if CT scans are not available. CT scanning is preferred if fractures are suspected but the CT scan may identify clinically significant fracture as well as potentially co-existing contusion or hemorrhage. The clinical documentation submitted for review does not provide evidence that CT scans are not available. Additionally, there was no evidence that the treating provider suspected fractures of the head. The clinical documentation submitted for review does not provide evidence of neurological deficits. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

1 X-Ray of the Back: Upheld

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

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

Decision rationale: The California MTUS Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The clinical documentation submitted for review does not provide evidence of red flags for serious spinal pathology. Additionally, there was no evidence that the injured worker completed a full course of physical therapy. The clinical documentation lacks evidence of a significant change in the injured worker's physical presentation to warrant a repeat x-ray of the back. Given the above information, the request is not supported by the guidelines. As such, is not medically necessary.