

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0168263 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 09/15/2013 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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: Texas, Oklahoma

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 69-year-old male who reported an injury on 09/15/2013 due to cumulative trauma. The clinical note, dated 10/07/2014, was handwritten and very illegible. Pertinent information may not have been reported. All other clinical documentation notes submitted for review were handwritten and very illegible. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 (12 sessions) for bilateral wrist: Upheld

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

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

Decision rationale: The decision for physical therapy 2 x 6 (12 sessions) for bilateral wrist is not medically necessary. The California Medical Treatment Utilization Schedule states that physical

medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review was handwritten and very illegible. Pertinent information may have been missed. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Based on the lack of documentation detailing a clear indication for the injured worker, this request for physical therapy 2 x 6 (12 sessions) for bilateral wrist is not medically necessary.

Acupuncture 1 x 6 (6 sessions) for bilateral wrist;: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The decision for acupuncture 1 x 6 (6 sessions) for bilateral wrist is not medically necessary. California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side affected of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either clinically significant improvement in activities of daily living or reduction in work restrictions. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. The clinical information submitted for review does not provide evidence to justify acupuncture 1 x 6 (6 sessions) for bilateral wrist; therefore, this request is not medically necessary.

VSNCT Examination: Upheld

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

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

Decision rationale: The decision for VSNCT Examination is not medically necessary. The clinical documentation submitted for review did not provide evidence for what this examination is. Based on the lack of documentation detailing a clear indication for what VSNCT examination is, this request is not medically necessary.

LINT 1 x 6 weeks (6 sessions) for the bilateral lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES; TENS Page(s): 121 and 114-116.

Decision rationale: The decision for LINT 1 x 6 weeks (6 sessions) for bilateral lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A 1 month trial of a TENS unit is recommended if is used an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Other appropriate pain modalities and medications were not reported as failed. Therefore, this request is not medically necessary.

X-ray examination for bilateral wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The decision for x-ray examination for bilateral wrist is not medically necessary. The California ACOEM states for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. The clinical documentation submitted for review was handwritten and very illegible. The clinical information submitted for review does not provide evidence to justify an x-ray examination for bilateral wrist. Therefore, this request is not medically necessary.

X-ray examination for bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The decision for x-ray examination for bilateral shoulder is not medically necessary. The California MTUS/ACOEM states routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or a referred pain. Cases of impingement syndrome are managed the same, regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. For patients with limitations of activity after 4 weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise) imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The physical examination on 10/07/2014 did not state there was a failure to progress in a strengthening program, there was no physiologic evidence of tissue insult or neurovascular dysfunction reported, and there was no emergence of a red flag sign or symptom reported. Furthermore, there is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. The clinical information submitted for review does not provide evidence to justify x-ray of bilateral shoulder. Therefore, this request is not medically necessary.

X-ray examination for bilateral knees: Upheld

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

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

Decision rationale: The decision for x-ray examination for bilateral knees is not medically necessary. The CA/MTUS/ACOEM states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma in this population are; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and Inability to flex knee to 90 degrees. There was no "red flag" signs or symptoms on examination reported. It was not reported that the injured worker could not walk 4 steps. Furthermore, there is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. The clinical information submitted for review does not provide evidence to justify x-ray of bilateral knees. Therefore, this request is not medically necessary.

X-ray examination for bilateral lumbar spine: Upheld

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

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

Decision rationale: The decision for x-ray examination for bilateral shoulder is not medically necessary. The California MTUS/ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The physical examination on 10/07/2014 did not state there was a failure to progress in a strengthening program, there was no physiologic evidence of tissue insult or neurovascular dysfunction reported, and there was no emergence of a red flag sign or symptom reported. Furthermore, there is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. The clinical information submitted for review does not provide evidence to justify x-ray of bilateral lumbar spine. Therefore, this request is not medically necessary.

X-ray examination for bilateral foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The decision for x-ray examination for bilateral feet is not medically necessary. The California MTUS/ACOEM states 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. Midfoot 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. The physical examination on 10/07/2014 did not state there was a failure to progress in a strengthening program, there was no physiologic evidence of tissue insult or neurovascular dysfunction reported, and there was no emergence of a red flag sign or symptom reported. Furthermore, there is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. The clinical information submitted for review does not provide evidence to justify x-ray of bilateral feet. Therefore, this request is not medically necessary.

DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cytokine DNA Testing

Decision rationale: The decision for DNA testing is not medically necessary. The Official Disability Guidelines state cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for diagnosis of pain, including chronic pain. The clinical documentation submitted for review does not provide documentation of an objective assessment of the injured worker's pain level and functional status. Also, medications for the injured worker were not reported. There was no rationale provided detailing a clear indication for why this test was being ordered. There were no significant factors reported to support the decision for DNA testing. Therefore, this request is not medically necessary.

Toxicology testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The decision for toxicology testing is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. Furthermore, medications for the injured worker were not reported. There is no evidence of opioid use. Therefore, this request is not medically necessary.

Physical therapy 2 x 6 (12 sessions) bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The decision for physical therapy 2 x 6 (12 sessions) for bilateral knees is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review was handwritten and very illegible. Pertinent information may have been missed. There is a lack of documentation of an objective assessment of the injured worker's pain level and

functional status. Based on the lack of documentation detailing a clear indication for the injured worker, this request for physical therapy 2 x 6 (12 sessions) for bilateral knees is not medically necessary.

Acupuncture 1 x 6 (6 sessions) for bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The decision for acupuncture 1 x 6 (6 sessions) for bilateral shoulder is not medically necessary. California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either clinically significant improvement in activities of daily living or reduction in work restrictions. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. The clinical information submitted for review does not provide evidence to justify acupuncture 1 x 6 (6 sessions) for bilateral shoulder; therefore, this request is not medically necessary.

Physical therapy 2 x 6 (12 sessions) for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The decision for physical therapy 2 x 6 (12 sessions) for bilateral knees is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review was handwritten and very illegible. Pertinent information may have been missed. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Based on the lack of documentation detailing a clear indication for the injured worker, this request for physical therapy 2 x 6 (12 sessions) for bilateral knees is not medically necessary.

Acupuncture 1 x 6 (6 sessions) for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The decision for acupuncture 1 x 6 (6 sessions) for bilateral knees is not medically necessary. California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side affected of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either clinically significant improvement in activities of daily living or reduction in work restrictions. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. The clinical information submitted for review does not provide evidence to justify acupuncture 1 x 6 (6 sessions) for bilateral knees; therefore, this request is not medically necessary.