

Case Number:	CM14-0214068		
Date Assigned:	12/31/2014	Date of Injury:	05/16/2012
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 39-year-old female with a date of injury of 05/16/2012. The earliest progress report provided for review is dated 09/19/2014. According to this report, the patient presents with neck, low back, bilateral shoulder, bilateral hand/wrist, right ankle, right knee, and right foot pain. The patient also has depression, irritability, crying spells, sexual dysfunction, and anxiety. Examination of the cervical spine revealed tenderness over the right paracervical musculature and trapezius muscle with associated spasm. Examination of the lumbar spine revealed tenderness, predominantly over the L5-S1 spinous processes. Seated and supine straight leg raise is positive on the right. The patient is able to perform heel-toe walking with weakness. Palpation of the right sciatic notch produces low back pain radiating to the posterior thigh. Radicular pain is noted in the right extremity. Examination of the right shoulder revealed tenderness noted over the anterior aspect of the shoulder joint. Hawkins' sign was positive. Examination of the left shoulder revealed tenderness over the anterior aspect of the shoulder. Supraspinatus isolation test is positive. Hawkins' and Neer's test are positive. Examination of the right knee revealed medial joint line tenderness and positive McMurray's test. Active range of motion was full. Rest of examination was normal. The listed diagnoses are: 1. Sprain/strain, cervical spine.2. Sprain/strain, lumbar spine, rule out HNP.3. Sprain/strain, shoulder, left.4. Impingement syndrome, right shoulder, rules out rotator cuff tear.5. Carpal tunnel syndrome, bilateral.6. Sprain/strain, right knee, rule out medial meniscus tear.7. Sprain/strain, right ankle.8. Plantar fasciitis, right. The patient has been instructed to remain off work until 07/17/2014. Treatment plan is for MRI of the right shoulder to rule out rotator cuff tear, MRI of the right

knee to rule out medial meniscus tear, refill of medications, continue physical therapy 2 times a week for 4 weeks, and chiropractic evaluation treatment once a week for 4 weeks. The utilization review denied the request on 12/02/2014. The medical file provided for review includes treatment reports from 05/06/2014 through 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee on 10/10/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, MRI.

Decision rationale: This patient presents with neck, low back, right shoulder, and right knee pain. The current request is for MRI of the right knee on 10/10/2014. The utilization review denied the request stating that "In accordance with ODG recommendations above, there is no documentation of right knee radiograph results nor is there documentation if the patient has undergone prior MRI imaging, and if so, have there been any changes in patient's subjective complaints or objective findings to warrant repeat imagings." ACOEM Guidelines chapter 13 pages 341 and 342 states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant Hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture. ODG guidelines may be more appropriate at addressing chronic knee condition. ODG under its knee chapter states that an MRI is reasonable if internal derangement is suspected. There is no indication the patient has undergone any imaging of the right knee. As per report dated 09/19/2014, the treating physician would like an MRI of the right knee to rule out medial meniscus tear. Given the patient's continued pain and positive McMurray's, an MRI of the right knee for further investigation is within guidelines. This request is medically necessary.

MRI of the right shoulder on 10/10/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, MRI.

Decision rationale: This patient presents with neck, low back, right knee, and right shoulder pain. The current request is for MRI on the right shoulder on 10/10/2014. The utilization review

denied the request stating that there is no documentation of right shoulder radiograph results nor is there documentation if the patient has undergone prior MRI imaging, and if so, have there been any changes in the patient's subjective complaints or objective findings to warrant repeat imaging." ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain." The ODG Guidelines under the shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. There is no indication that this patient has had prior MRI of the right shoulder. Per report dated 09/19/2014, the treating physician would like an MRI of the right shoulder to rule out rotator cuff tear. Given that there is no documentation of prior imaging of the right shoulder and patient's continued pain and positive Hawkins' sign, an MRI for further investigation is within guidelines. This request is medically necessary.

Physical therapy for the neck, low back, bilateral shoulders, right knee, right ankle and bilateral hands/wrists on 09/24/14, 09/30/14, 10/14/14, 10/15/14; 4 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy, Foot/Ankle Chapter

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

Decision rationale: This patient presents with neck, low back, bilateral shoulder, right knee, right ankle, and bilateral hand/wrist pain. The current request is for physical therapy for the neck, low back, bilateral shoulders, right knee, right ankle, and bilateral hands/wrists on 09/24/2014, 09/30/2014, 10/14/2014, 10/15/2014, 4 sessions. For physical medicine, the MTUS Guidelines pages 98 and 99 recommend for myalgia-, myositis-type symptoms 9 to 10 sessions over 8 weeks. Utilization review states that this is a retrospective request and denied the request stating that there is no documentation as to how many prior PT sessions the patient has undergone for each of these body parts nor is there any documentation of objective functional improvement for prior PT to warrant continued treatment. Given the patient's history of injury dating back to 05/16/2012, it is likely the patient has participated in some physical therapy in the past. There is no documentation of any recent formulized physical therapy and given the patient's continued pain, the requested 4 sessions is within guidelines. This request is medically necessary.

Chiropractic treatment for the neck, low back, bilateral shoulders and right knee on 09/29/14, 10/09/14, 10/13/14, 10/27/14; 4 sessions: 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), Low Back, Neck Chapter, Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: This patient presents with neck, low back, bilateral shoulders, right knee, right ankle, and bilateral hand/wrist pain. The current request is for chiropractic treatment for the neck, low back, bilateral shoulders, and right knee on 09/29/2014, 10/09/2014, 10/13/2014, 10/27/2014, 4 sessions. For manual therapy, the MTUS Guidelines on page 59 states, "Delphi recommendation in effect incorporate 2 trials with a total of up to 12 trial visits with a re-evaluation in the middle before also continuing up to 12 more visits (for a total of up to 24)." The utilization review denied the request stating that MTUS Guidelines do not recommend chiropractic treatment of the knee, and there is no documentation how many prior chiropractic treatments the patient has undergone and for over what period of time and whether there was any objective functional improvement to warrant continued treatment. There is no documentation of any recent chiropractic treatment. Given the patient's continued pain, a short course for functional improvement and decrease in pain may be warranted. However, the request does include treatment for the right knee. MTUS Guidelines pages 58-59, chronic pain medical treatment guidelines, manual therapy and manipulation states, "Knee: Not recommended." Given the request includes a body part that is not recommended by MTUS for chiropractic treatment, the request is not medically necessary.