

Case Number:	CM15-0018245		
Date Assigned:	03/12/2015	Date of Injury:	08/11/2014
Decision Date:	07/22/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old female, who sustained an industrial injury on August 11, 2014. She has reported neck, back, arms, wrist, hands, and fingers injuries. Her diagnoses include unspecified musculoskeletal disorders and symptoms referable to the neck, other unspecified back disorder, anxiety state, unspecified, brachial neuritis or radiculitis, lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified; arthroscopy of shoulder, unspecified disorders of bursae and tendons shoulder region, medial epicondylitis of elbow, injury to ulnar nerve, carpal tunnel syndrome, radial styloid tenosynovitis, derangement of meniscus not elsewhere classified, and tarsal tunnel syndrome. On February 23, 2015, an MRI of the right knee was performed. On February 25, 2015, an MRI of the right shoulder was performed. On March 2, 2015, an MRI of the left shoulder was performed. She has been treated with physical therapy, topical compound creams, work modifications, and steroid injection to right shoulder. The records refer to a prior course of physical therapy, but do not provide specific dates or results. On January 8, 2015, her treating physician reports unchanged range of motion and strength and little improvement in the knees since last visit. She remains off work. Physical therapy helped improve symptoms. Her pain level is 6-7/10. The physical exam revealed abnormal cervical range of motion and neck tenderness. The upper extremities exam revealed positive Finkelstein's, Phalen's, and Tinel's. There is upper extremity numbness, impingement signs are present and abnormal range of motion of the bilateral shoulders. There is abnormal range of motion of the thoracic and lumbar spines, tenderness over the bilateral paraspinal area, positive bilateral straight leg raise, and positive McMurray's and Apley's tests of bilateral lower

extremities. Bilateral feet/ankles have tenderness over the calcaneal fibular ligament, medial malleolus, and lateral malleolus.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: Per the MTUS / ACOEM, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-Rays of The Cervical Spine is not medically necessary.

X-rays of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: Per the MTUS/ ACOEM, "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. The few exceptions are: Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. For patients with limitations of activity after four 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. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-Rays of the bilateral shoulders is not medically necessary.

X-rays of the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: Per the MTUS / ACOEM, "For most patients presenting with 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. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. 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 revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis." A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-rays of the bilateral elbows are not medically necessary.

X-rays of the bilateral knees: Upheld

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

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

Decision rationale: Per the MTUS / ACOEM, "Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases." A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations, or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-rays of the bilateral knees are not medically necessary.

X-rays of the bilateral hips: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), knee.

Decision rationale: The MTUS / ACOEM did not specifically address the issues of imaging the hips, therefore other guidelines were consulted. Per the ODG, "Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury (Mullis, 2006). X- Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis (Gossec, 2009), (Reijman, 2005), (Conrozier, 2001). Although the diagnostic performance of the imaging techniques (plain radiography, arthrography, and bone scintigraphy) was not significantly different, plain radiography and bone scintigraphy are preferred for the assessment of a femoral component because of their efficacy and lower risk of patient morbidity (Temmerman, 2005). X-rays are not as sensitive as CT in detection of subchondral fractures in osteonecrosis of the femoral head (Stevens, 2003), (Stumpe, 2004). Plain radiographs are usually sufficient for diagnosis of hip fracture as they are at least 90 percent sensitive. Standard radiographic hip imaging includes antero-posterior (AP) pelvic projection with dedicated AP and cross-table lateral projections of the affected hip. Conventional estimates have put the sensitivity of these projections for hip fracture between 90 percent and 98 percent (Cannon, 2009). This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography (Kirby, 2010)." A review of the injured workers medical records that are available to me do not reveal any possible fractures, red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-rays of the bilateral hips are not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS states that lumbar spine imaging 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 six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for MRI Lumbar Spine is not medically necessary at this time.

MRI of the bilateral shoulders: Upheld

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

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

Decision rationale: Per the MTUS/ ACOEM, "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: Stress films of the AC joints (views of both shoulders, with and without patient holding 15lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. For patients with limitations of activity after four 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. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or

neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-Rays of the bilateral shoulders is not medically necessary.

MRI of the bilateral knees: Upheld

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

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

Decision rationale: Per the MTUS / ACOEM, "Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases." A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for MRI of the bilateral knees is not medically necessary.

Compound medication Flurbiprofen 20% and Tramadol 20%, 1 tub apply once every morning PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore

the request for Compound medication Flurbiprofen 20% and Tramadol 20%, 1 tub apply once every morning PRN is not medically necessary.

Compound medication: Gabapentin 10%, Amitrip 10% and Dextromet 10% cream, 1 gram apply 3 times a day PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for Compound medication: Gabapentin 10%, Amitrip 10% and Dextromet 10% cream, 1 gram apply 3 times a day PRN , is not medically necessary.

Continuation of physical therapy for the neck, upper and lower back, bilateral knees, ankles, shoulders, elbows, wrists, two times a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. Unfortunately the request exceeds guideline recommendations and a review of the injured workers medical records do not reveal a clinical situation that would warrant deviating from the guidelines therefore the request for Continuation of physical therapy for the neck, upper and lower back, bilateral knees, ankles, shoulders, elbows, wrists, two times a week for eight weeks is not medically necessary.

Psychological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

Decision rationale: Per the MTUS, Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Psychological evaluation and treatment should follow very specific guidelines as described in the MTUS; however, a review of the injured workers medical records that are available to me do not reveal documentation that shows that the injured worker meets the criteria for a psychological evaluation as described in the MTUS therefore the request is not medically necessary.

Podiatry consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Per the MTUS/ ACOEM referrals are recommended in certain situations as described in ACOEM, however a review of the injured workers medical records that are available to me do not reveal a clear rationale for this referral and without this information medical necessity is not established.

Chiropractor consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-60.

Decision rationale: Per the MTUS, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then

1-2 visits every 4-6 months. Unfortunately the request is not associated with an anatomy, frequency, and quantity therefore the request is not medically necessary.

Menthoderm 10% 15gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for Mentoderm 10% 15gms is not medically necessary.