

Case Number:	CM15-0127564		
Date Assigned:	07/14/2015	Date of Injury:	10/16/2012
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

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:

This is a 45 year old male with an October 16, 2012 date of injury. A progress note dated May 21, 2015 documents subjective complaints (constant severe pain in the right shoulder; constant severe pain in the lumbar spine; occasional moderate pain in the cervical spine; constant minimal pain in the thoracic spine; constant severe pain in the right knee; constant severe pain in the fingers; difficulty sleeping and stress due to pain; occasional moderate pain in the left heel), objective findings (spasm and tenderness to the bilateral paraspinal muscles from C2 to C7 and bilateral suboccipital muscles; decreased and painful range of motion of the cervical spine; positive distraction test bilaterally; positive left shoulder depression test; spasm and tenderness to the bilateral paraspinal muscles from T8 to T12; decreased and painful range of motion of the thoracic spine; trigger point to the bilateral lumbar paraspinal muscles from L1 to S1; decreased and painful range of motion of the lumbar spine; positive Kemp's test on the left; positive Yeoman's on the left; spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles; decreased and painful range of motion of the shoulder; positive Speeds test on the right; positive supraspinatus test on the right; active trigger finger of the middle and index of the right hand; spasm and tenderness to the metacarpophalangeal proximal interphalangeal joints of the index and long fingers of the right hand; spasm and tenderness to the right anterior joint line, vastus medialis and popliteal fossa of the right knee; decreased and painful range of motion of the right knee; positive McMurray's test on the right; trigger point to the left anterior heel), and current diagnoses (tear of the medial meniscus of the right knee; trigger fingers of the right hand; cervical sprain/strain; lumbar sprain/strain; thoracic sprain/strain; bursitis and tendonitis of

the right shoulder; left calcaneal spur; anxiety; sleep disorder). Treatments to date have included medications, knee bracing, imaging studies, work restrictions, acupuncture, physical therapy, and shockwave therapy. The treating physician documented a plan of care that included lumbar support orthosis specifically Apollo LSO or equivalent for the lumbar spine, follow up visits, physical medicine for twelve sessions, and range of motion measurement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support orthosis specifically Apollo LSO or equivalent for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for Lumbar support orthosis specifically Apollo LSO or equivalent for the lumbar spine is determined to not be medically necessary.

Follow -up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

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

Decision rationale: Per MTUS guidelines, patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up can occur when a release to modified (increased), or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. In this case, the injured worker has been treated for an extended period with conservative measures, yet there has been no increase in function or changes in pain levels. Additionally, there is no indication of the amount of visits requested. The request for follow-up visits is determined to not be medically necessary.

Physical medicine for 12 sessions (3x4): Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed an unknown amount of physical therapy without documentation of significant pain relief or increase in function. Additionally, this request for 12 sessions exceeds the recommendations of the established guidelines. The request for physical medicine for 12 sessions (3x4) is determined to not be medically necessary.

Range of motion measurement, ADL: 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), Pain; ACOEM Practice Guidelines, Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section/Flexibility.

Decision rationale: Per MTUS Guidelines, observing the patient's stance and gait is useful to guide the regional low back examination. In coordination or abnormal use of the extremities may indicate the need for specific neurologic testing. Severe guarding of low-back motion in all planes may add credence to a suspected diagnosis of spinal or intrathecal infection, tumor, or fracture. However, because of the marked variation among persons with symptoms and those without, range-of-motion measurements of the low back are of limited value. Per ODG, the use of range of motion testing is not recommended as a primary criterion, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. A separate consult for ROM testing is not indicated in this case. The request for range of motion measurement, ADL is determined to not be medically necessary.