

Case Number:	CM15-0143554		
Date Assigned:	08/05/2015	Date of Injury:	06/14/2014
Decision Date:	11/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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: 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 42 year old male, who sustained an industrial injury on June 14, 2014. Medical records indicate that the injured worker is undergoing treatment for a cervical sprain-strain, cervical myospasms, lumbar sprain-strain, lumbar myospasms, left shoulder sprain-strain, rule out left shoulder internal derangement, bilateral knee sprain-strain, rule out bilateral knee internal derangement and lumbago. The injured worker was status-post surgery to the left knee in 2003 and 2009. The injured worker was not working. Documentation dated March 13, 2015 notes that the injured worker reported occasional neck, low back and right knee pain and constant left shoulder pain radiating to the elbow and constant left knee pain. Examination of the cervical spine revealed tenderness to palpation over the paravertebral muscles and bilateral trapezius muscles. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles and lumbar-four, sacral-one spinous processes. Left shoulder examination revealed tenderness to palpation over the posterior and lateral shoulder and acromioclavicular joint. Left knee examination revealed tenderness to palpation over the anterior knee and medial and lateral knee. Examination of the right knee revealed tenderness to palpation over the medial knee. A McMurray's test was painful. Range of motion of the cervical spine, lumbar spine, left shoulder and bilateral knees was decreased and painful. Most current documentation submitted in the medical records dated March 26, 2015 noted no changes. The injured workers low back pain was rated 5 out of 10 on the visual analogue scale with physical activities. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and range of motion was decreased. Left knee examination revealed tenderness to palpation over the medial joint line. There was lack of documentation in the medical records of physical therapy or acupuncture treatments and the injured workers response to the treatments. Treatment and evaluation to date

has included medications, toxicology screen, ten chiropractic treatments (as of 3-13-2015) and a function capacity evaluation. A current medication list was not provided in the medical records. Current requested treatments include requests for physical therapy 3 times a week for 2 weeks for the low back, acupuncture 3 times a week for 4 weeks for the low back, MRI of the cervical spine, lumbar spine, left shoulder and right knee, follow up with orthopedic surgeon-pain medication and bilateral knee support braces. The Utilization Review documentation dated June 24, 2015 non-certified the requests for physical therapy 3 times a week for 2 weeks for the low back, MRI of the cervical spine, lumbar spine, left shoulder and right knee, follow up with an orthopedic surgeon-pain medication and bilateral knee support braces and modified the request to acupuncture treatments # 6 for the low back (original request 3 times a week for 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x2 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. The claims administrator has stated that this patient had at least 18 prior sessions of physical therapy, but the functional improvement is not noted. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Therefore, additional physical therapy is not medically necessary.

Acupuncture 3x4 week for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the case of this particular request (for 12 sessions), the number of requested sessions of acupuncture is in excess of that recommended by guidelines cited above. The guidelines specifically state that the time to produce functional improvement is within six treatments. The independent medical review process cannot modify requests. Therefore, the original request is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI Topic.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure to progress in a strengthening program intended to avoid surgery. The progress notes from 3/13/15 and 3/26/15 do not document any abnormalities of the upper extremity neurologic testing or red flags. In the absence of such documentation, the requested cervical MRI is not medically necessary.

Follow up with ortho surgeon and pain medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter.

Decision rationale: In regards to the request for orthopedic consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, it is apparent that the worker continues with significant pain in multiple body regions. The patient has had extensive conservative therapies including pain medications, PT, and injections to different body regions. Given the chronicity of this pain, it is reasonable to seek an orthopedic follow-up. However, it should be noted that this request contains two aspects. Not only is evaluation by an orthopedist recommended, but pain medications are also requested. The specific nature of which pain medication(s) is not clear based upon the submitted records. The IMR process cannot modify requests, and therefore the original request as specified is not medically necessary.

Bilateral knees support braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg (updated 5/5/15).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Knee and Leg Chapter, Knee brace.

Decision rationale: Regarding the request for a knee brace, ACOEM Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits "may be more emotional than medical." Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Furthermore, the ODG state that prefabricated knee bracing (rather than custom) may be appropriate for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with abnormal limb contour (valgus or varus deformity), skin changes (i.e., redundant soft skin, thin skin with risk of breakdown), severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), and severe instability as noted on physical examination of knee." Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated. The progress note dated 3/13/15 documents bilateral knee pain on palpation, painful ROM testing, and pain with McMurray's maneuver. Instability of ACL or MCL are not noted. In the absence of such documentation, the currently requested knee brace is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. They are the test of choice for patients with previous back surgery. Typically, the indications for MRI require that x-rays of the lumbar spine be performed first and are non-diagnostic. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. The progress note from 3/13/15 does not document any neurologic deficits, but rather only tenderness along the paravertebral muscles and spinous processes, with a positive Kemp's maneuver. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Given this, the currently requested lumbar MRI is not medically necessary.

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the shoulder, ACOEM Guidelines state that more specialized imaging studies are not recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines further specify imaging studies for 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. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there is no clear documentation of what failed conservative treatment options have been provided for this body region to date. The physical examination of the submitted notes do not document any red flag symptoms which would warrant MRI. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. Given this, the currently requested right shoulder MRI is not medically necessary.

MRI Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI Topic.

Decision rationale: Regarding the request for MRI of the knee, ACOEM Practice Guidelines state that 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. The ODG Indications for MRI of the knee include the following: Acute trauma to the knee, including significant trauma (i.e., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Pellegrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of non-traumatic knee pain. However, there is no documentation that radiographs are non-diagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knees has failed. Given this, the currently requested MRI is not medically necessary.