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| Case Number: | CM15-0025193 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 06/28/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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

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 52 year old male, who sustained an industrial injury on June 28, 2014. The injured worker has reported trauma to the left side of his forehead, right knee injury, and low back pain. The diagnoses have included cervical strain, rule out disc herniation, lumbar strain, lumbar disc bulge, right lower extremity radicular pain and numbness and right knee strain with iliotibial band strain. Treatment to date has included diagnostic studies, physical therapy, hot/cold packs, and medications. Currently, the injured worker complains of continuous mid and low back pain, continuous right knee pain radiating to his right foot, intermittent right foot pain radiating from his knee, recurring headaches, intermittent neck pain and trouble falling asleep and remaining asleep due to his overall symptomatology. His back pain was aggravated by prolonged standing, walking, sitting, bending, twisting, lifting, carrying, pushing, and pulling. His knee pain was aggravated by prolonged standing, walking, stooping, squatting, climbing, and kneeling. He was noted to have some difficulty with activities of daily living. He performs climbing up one flight or 10 steps with much difficulty. The provider requested an MRI of the lumbar spine, electrodiagnostic studies involving the bilateral lower extremities, and physical therapy for the cervical and lumbar spine as well as the right knee. A urine toxicology screen was also recommended at that time. A Request for Authorization form was then submitted on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine; knee disorders.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of the previous course of physical therapy with evidence of objective functional improvement to support the necessity for additional treatment. Furthermore, the request as submitted failed to indicate the quantity or duration of treatment. As such, the request is not medically necessary at this time.

Physical Therapy, Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of the previous course of physical therapy with evidence of objective functional improvement to support the necessity for additional treatment. Furthermore, the request as submitted failed to indicate the quantity or duration of treatment. As such, the request is not medically necessary at this time.

Physical therapy Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of the previous course of physical therapy with evidence of objective functional improvement to support the necessity for additional treatment. Furthermore, the request as submitted failed to indicate the quantity or duration of treatment. As such, the request is not medically necessary at this time.

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Knee disorders; EMG/NCS of BLE.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electro-myography, including H reflex tests, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, it was noted that the injured worker had a positive straight leg raise on the right, diminished deep tendon reflexes on the right, and decreased sensation in the S1 nerve distributions bilaterally. The medical necessity for confirmation with electrodiagnostic studies has not been established in this case. There was also no evidence of a recent attempt at conservative management for the low back prior to the request for electrodiagnostic studies. Given the above, the request is not medically necessary at this time.

MRI Cervical Spine w/o Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical & Thoracic Spine Disorders, section on Magnetic Resonance Imaging.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case there was no evidence of any red flags for serious pathology noted. There was no evidence of a recent attempt at any conservative management prior to the request for an imaging study. The medical necessity has not been established in this case. As such, the request is not medically necessary.