

Case Number:	CM15-0038809		
Date Assigned:	03/09/2015	Date of Injury:	11/17/2014
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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, South Carolina

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

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 67 year old male, who sustained an industrial injury on November 17, 2014. He has reported falling with immediate onset of pain in the left shoulder that radiated to his arm and hand, as well as his bilateral hips, bilateral knees, and soreness in the left side of the chest. The diagnoses have included cervical sprain, derangement of joint of shoulder, sprain/strain of wrist, lumbar sprain/strain, and internal derangement of the knee. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of headaches, neck pain, left shoulder pain, left wrist and hand pain, right wrist and hand pain, back pain, bilateral hip pain, bilateral knee pain, and soreness in the chest. The Primary Treating Physician's report dated January 29, 2015, noted the injured worker reported no significant improvement since the last examination. Tenderness to palpation of the paraspinal muscles and spasm in the paraspinal muscles was noted, with restricted range of motion (ROM). Shoulder examination was noted to show tenderness to pressure over the left shoulder with bilateral restricted range of motion (ROM). The right wrist joint was noted to have tenderness to pressure. The injured worker received a left hip injection of betamethasone with lidocaine. On February 4, 2015, Utilization Review non-certified physical therapy three (3) times a week for four (4) weeks for bilateral knees, left shoulder, neck and low back, EMG/NCV of the BUE, MRI of the bilateral knees, and MRI of the left shoulder, noting that the outcome of prior physical therapy was not specified. Therefore, the request for physical therapy three (3) times a week for four (4) weeks for bilateral knees, left shoulder, neck and low back was modified to approve six sessions of physical therapy, and that the outcome of the physical therapy should be assessed prior to

considering the necessity of additional diagnostic studies, noting the remaining requests for EMG/NCV of the BUE, MRI of the bilateral knees, and MRI of the left shoulder, were not medically necessary and appropriate. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited. On March 2, 2015, the injured worker submitted an application for IMR of physical therapy three (3) times a week for four (4) weeks for bilateral knees, left shoulder, neck and low back, EMG/NCV of the BUE, MRI of the bilateral knees, and MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times a week for four (4) weeks for bilateral knees, left shoulder, neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Physical Medicine, Shoulder, Neck & Upper Back.

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

Decision rationale: According to the MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, patients are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for his diagnoses; however, the requested 12 visits exceed guidelines and the sessions necessary to reasonably assess functional improvement and compliance. Therefore, the request for physical therapy three (3) times a week for four (4) weeks for bilateral knees, left shoulder, neck and low back, is not medically necessary.

EMG/NCV of the BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 and 268-269.

Decision rationale: According to the ACOEM guidelines, special studies for true neck or upper back problems are not needed, unless there are red flags or a three- or four-week period of conservative care fails to improve symptoms. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study, such as electromyography (EMG) and nerve conduction velocities (NCV). Similar guidelines apply for the forearm, wrist, and hand, with no special studies needed unless there are red flags, or until after a four- to six-week period of conservative care with observation. Based on the available treating physician's notes for the injured worker (IW), there are no red flags

present, and although the IW's symptoms have been greater than 6 weeks, he has not undergone a course of physical medicine, which is needed to consider the necessity of further diagnostic testing. Therefore, the request for EMG/NCV of the bilateral upper extremity is not medically necessary at this time.

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): 342-343.

Decision rationale: Per the cited ACOEM guideline, special studies are not needed to evaluate most knee complaints, until after a period of conservative care and observation. However, if there is a history of trauma with red flags, such as inability to walk four steps, or inability to flex knee to 90 degrees. Based on the available medical records for the injured worker (IW), there are no red flags, and he reported improved symptoms with rest, massage, simple exercises, and medications. Therefore, a period of conservative management with physical medicine is a reasonable option prior to proceeding with an MRI. The request for MRI of the bilateral knees at this time is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The treating physician's notes indicate shoulder pain and decreased range of motion, but there are no red flags documented, and the injured worker has not undergone conservative management with a course of physical medicine. Therefore, the request for MRI of the left shoulder is not medically necessary at this time.