

<b>Case Number:</b>	CM15-0072523		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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, Arizona

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 56 year old male, who sustained an industrial injury on July 20, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc protrusion, cervical disc syndrome, lumbar sprain-strain, right wrist sprain-strain, left wrist sprain-strain, bilateral shoulder sprain-strain, bilateral knee sprain-strain, and hand sprain-strain. On August 4, 2014, the injured worker reported 5 out of 10 neck pain, 6 out of 10 low back pain, 7 out of 10 right wrist pain, 6 out of 10 left wrist pain, 6 out of 10 bilateral shoulder pain, bilateral knee pain, and bilateral hand pain. The most recent Primary Treating Physician's report submitted for review dated August 4, 2014, noted tenderness to palpation of the cervical paravertebral muscles and spinous processes with spasm of the cervical paravertebral muscles. The lumbar spine was noted to have tenderness to palpation and spasm of the paravertebral muscles. Tenderness to palpation was noted on the bilateral dorsal and volar wrists. Tenderness to palpation was noted at the bilateral AC joints, bilateral lateral knees, and bilateral diffuse phalanges. The provider notes dated between March 2014, and August 2014, revealed numerical severity rating improvements in the injured worker's shoulder pain and neck-cervical pain. The treating physician indicates that MRI of the bilateral knees showed degenerative marginal osteophytes at the posterior aspect of the patellar upper and lower poles and linear increased signal in the posterior horn of the medial meniscus which extended to the inferior articular surface consistent with a tear. MRI of the bilateral shoulders was noted to show osteoarthritis of the acromioclavicular joint. The Provider's requests for authorization included acupuncture to the bilateral ankles performed on 03-14-2014, acupuncture for the bilateral knees

performed on 03-07-2014, osteopathic manipulation with electrical stimulation, infrared therapy and ultrasound for the bilateral shoulders performed 3-12-2014, osteopathic manipulation with mechanical traction, electrical stimulation and infrared therapy for the cervical spine per 3-06-2014, osteopathic manipulation with mechanical traction, electrical stimulation and infrared therapy for the bilateral Knees performed on 02-27-2014, electromyography (EMG)-nerve conduction velocity (NCV) for BUE performed on 03-07-2014, MRI of the cervical spine obtained on 03-13-2014, MRI of the lumbar spine obtained on 03-13-2014, MRI of the left hand obtained on 08-14-2014, MRI of the left wrist with flexion and extension views obtained 08-14-2014, MRI of the right hand obtained on 08-14-2014, MRI of the right hand wrist with flex-extension views obtained on 08-14-2014, Multi-position MRI of the left knee obtained 06-28-2014, Multi-position MRI of the left shoulder obtained 6-28-2014, multi-position MRI of the right shoulder obtained 6-28-2014, Multi-position MRI of the right knee obtained 6-28-2014, and X-rays of the bilateral wrists-hands obtained on 08-12-2014. The Utilization Review (UR) dated March 31, 2015, non-certified all of the requested treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture to the bilateral ankles performed on 03/14/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. Within the submitted records, there is no specific mention of acupuncture being used as part of a functional restoration program, along with therapeutic exercise. There is no medication intolerance, or mention of goals being to reduce pain medication usage. Medical necessity for acupuncture has not been established. Therefore the request is not medically necessary.

**Acupuncture for the bilateral knees performed on 03/07/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. Within the submitted records, there is no specific mention of acupuncture being used as part of a functional restoration program, along with therapeutic exercise. There is no medication intolerance, or mention of goals being to reduce

pain medication usage. Medical necessity for acupuncture has not been established. Therefore the request is not medically necessary.

**Osteopathic manipulation with electrical stimulation, infrared therapy and ultrasound for the bilateral shoulders performed 3/12/2014: 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): Manual therapy & manipulation.

**Decision rationale:** California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Within the submitted records, it appears there was previous chiropractic therapy utilized, but despite this, there are ongoing complaints of pain. There is no mention of how previous chiropractic sessions helped reduce pain using validated pain measures, nor is there mention of improved function and/or ability to participate in activities of daily living because of chiropractic therapy. Furthermore, guidelines do not support the use of passive modalities, such as e-stim IR or ultrasound. Therefore the request is not medically necessary.

**Osteopathic manipulation with mechanical traction, electrical stimulation and infrared therapy for the cervical spine performed on 3/06/2014: 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): Manual therapy & manipulation.

**Decision rationale:** California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Within the submitted records, it appears there was previous chiropractic therapy utilized, but despite this, there are ongoing complaints of pain. There is no mention of how previous chiropractic sessions helped reduce pain using validated pain measures, nor is there mention of improved function and/or ability to participate in activities of daily living because of chiropractic therapy. Furthermore, guidelines do not support the use of passive modalities, such as e-stim IR or ultrasound. Therefore the request is not medically necessary.

**Osteopathic manipulation with mechanical traction, electrical stimulation and infrared therapy for the bilateral Knees performed on 02/27/2014: 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): Manual therapy & manipulation.

**Decision rationale:** California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Within the submitted records, it appears there was previous chiropractic therapy utilized, but despite this, there are ongoing complaints of pain. There is no mention of how previous chiropractic sessions helped reduce pain using validated pain measures, nor is there mention of improved function and/or ability to participate in activities of daily living because of chiropractic therapy. Furthermore, guidelines do not support the use of passive modalities, such as e-stim IR or ultrasound. Therefore the request is not medically necessary.

**EMG/NCV for BUE performed on 03/07/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. Within the submitted records, PR-2 note on this date did not reveal any focal neurologic deficits, and as a result, the study cannot be clearly described as medically necessary based on the PR-2 documentation on this date. Previous to this date, again no focal neurologic deficits were described, and so medical necessity has not been established. Therefore the request is not medically necessary.

**MRI of the cervical spine obtained on 03/13/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Cervical MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Within the submitted records, a reasonable course of conservative therapy was not mentioned as failed (aggressive physical

therapy, medications), and there were no red flags noted on physical examination. Furthermore, there was no mention of surgery being an option. Medical necessity has not been clearly demonstrated. Therefore the request is not medically necessary.

**MRI of the lumbar spine obtained on 03/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Lumbar MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic, and infectious processes can also be visualized using MRI. Within the submitted records, a reasonable course of conservative therapy was not mentioned as failed (aggressive physical therapy, medications), and there were no red flags noted on physical examination. Furthermore, there was no mention of surgery being an option. Medical necessity has not been clearly demonstrated. Therefore the request is not medically necessary.

**MRI of the left hand obtained on 08/14/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for an MRI of the hand/wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, suspect acute scaphoid fracture, suspect gamekeeper injury, chronic wrist pain, suspect Kienbock's disease, or suspect soft tissue tumor and chronic wrist pain. Within the submitted records, there was no mention of new or progressive focal deficits to warrant this study. There were no red flags on exam, and there was lack of mention of failure of a reasonable course of therapy and/or medications as part of aggressive conservative care. This request is not medically necessary.

**MRI of the left wrist with flexion and extension views obtained 08/14/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for an MRI of the hand/wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, suspect acute scaphoid fracture, suspect gamekeeper injury, chronic wrist pain, suspect Kienbock's disease, or suspect soft tissue tumor and chronic wrist pain. Within the submitted records, there was no mention of new or progressive focal deficits to warrant this study. There were no red flags on exam, and there was lack of mention of failure of a reasonable course of therapy and/or medications as part of aggressive conservative care. This request is not medically necessary.

**MRI of the right hand obtained on 08/14/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for an MRI of the hand/wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, suspect acute scaphoid fracture, suspect gamekeeper injury, chronic wrist pain, suspect Kienbock's disease, or suspect soft tissue tumor and chronic wrist pain. Within the submitted records, there was no mention of new or progressive focal deficits to warrant this study. There were no red flags on exam, and there was lack of mention of failure of a reasonable course of therapy and/or medications as part of aggressive conservative care. This request is not medically necessary.

**MRI of the right hand wrist with flex-extension views obtained on 08/14/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for an MRI of the hand/wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, suspect

acute scaphoid fracture, suspect gamekeeper injury, chronic wrist pain, suspect Kienbock's disease, or suspect soft tissue tumor and chronic wrist pain. Within the submitted records, there was no mention of new or progressive focal deficits to warrant this study. There were no red flags on exam, and there was lack of mention of failure of a reasonable course of therapy and/or medications as part of aggressive conservative care. This request is not medically necessary.

**Multi-position MRI of the left knee obtained 06/28/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. There was no mention of failure to a reasonable course of aggressive conservative care for the knee. There was no red flag noted on examination. Medical necessity has not been established. Therefore the request is not medically necessary.

**Multi-position MRI of the left shoulder obtained 6/28/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option, failure to respond to a strengthening program intended to avoid surgery, findings of red flags to include significant issue insult, and/or clarification of anatomy prior to an invasive procedure. There were no red flags, or findings of new or progressive deficits to warrant this study. There was lack of specification as to failure of an aggressive course of conservative care. This request is not medically necessary.

**Multi-position MRI of the right shoulder obtained 6/28/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option, failure to respond to a strengthening program intended to avoid surgery, findings of red flags to include significant issue insult, and/or clarification of anatomy prior to an invasive procedure. There were no red flags, or findings of new or progressive deficits to warrant this study. There was lack of specification as to failure of an aggressive course of conservative care. This request is not medically necessary.