

Case Number:	CM15-0074919		
Date Assigned:	04/24/2015	Date of Injury:	08/01/1992
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 74 year old male with an industrial injury dated August 1, 1992. The injured worker's diagnoses include unspecified arthropathy shoulder region, lumbosacral spondylosis without myelopathy and trigger finger. Treatment consisted of MRI of the lumbar spine, CT arthrogram of the right shoulder, prescribed medications, and periodic follow up visits. In the most recent progress note dated 3/12/2015, the injured worker reported low back pain radiating to bilateral lower extremities. The injured worker rated pain an 8/10. Objective findings revealed tenderness to palpitation of the lumbar paraspinal muscles and gluteal muscles bilaterally, palpable spasm of the paraspinal muscles bilaterally, decrease lumbar range of motion, diminished deep tendon reflexes in the right patella and left Achilles, and decreased sensation over bilateral lower extremity L5-S1 dermatomal level. Straight leg raising and Kemp test were positive. The treating physician prescribed services for vestibular auto-rotational test and x-ray of right knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Auto-rotational test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Head, Vestibular Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com.

Decision rationale: This 74 year old male has complained of shoulder pain and low back pain since date of injury 8/1/92. He has been treated with physical therapy and medications. The current request is for vestibular auto-rotational test. There is no objective documentation in the available medical records to support a vestibular auto-rotational test. There are no physical examination findings documenting neurologic abnormalities to support such testing. On the basis of the available medical records and per the guidelines cited above, vestibular auto-rotational testing is not indicated as medically necessary.

X-Rays of right knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online version, Knee, Radiographic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: This 74 year old male has complained of shoulder pain and low back pain since date of injury 8/1/92. He has been treated with physical therapy and medications. Per the MTUS guidelines cited above, the following clinical parameters support the decision to not obtain plain films (1) patient is able to walk without a limp (2) patient had a twisting injury and there is no effusion, (3) lack of joint effusion within 24 hours of direct blow or fall (4) lack of palpable tenderness over fibular head or patella (5) ability to walk (four steps) or bear weight immediately or within a week of the trauma (6) ability to flex knee to 90 degrees. There is inadequate documentation in the available medical records of a physical examination abnormality of the left knee and the patient meets criteria 1-6 above to support the decision to not obtain plain films. On the basis of the MTUS guidelines and available medical records, plain films of the knee are not indicated as medically necessary.