

Case Number:	CM15-0087941		
Date Assigned:	05/12/2015	Date of Injury:	01/05/2015
Decision Date:	10/06/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old who has filed a claim for neck, shoulder, elbow, and knee pain reportedly associated with an industrial injury of January 5, 2015. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy, lumbar MRI imaging, cervical MRI imaging, knee MRI imaging, shoulder MRI imaging, and elbow MRI imaging. The claims administrator contended that the applicant had had 12 sessions of physical therapy since the date of injury and had failed to profit from the same. A March 13, 2015 progress note was cited in the determination. The claims administrator also seemingly invoked the Third Edition ACOEM Guidelines Elbow Chapter in its determination. On March 13, 2015, the applicant reported multifocal complaints of neck, bilateral shoulder, elbow, low back, and knee pain. The applicant had reportedly developed GI irritation with NSAIDs, it was reported. The applicant also had comorbidities including hypertension, it was reported. The applicant exhibited diffuse tenderness about the paraspinal musculature with moderate tenderness about the left shoulder. Well-preserved shoulder range of motion with flexion to 150 degrees bilaterally was appreciated. 10 to 120 degrees of elbow flexion were reported. The applicant exhibited a number of negative provocative maneuvers on knee testing, including negative Lachman and anterior drawer signs bilaterally. The applicant exhibited a positive left McMurray maneuver, it was suggested. The applicant carried diagnoses of cervical strain, left and right shoulder strains, elbow strain versus occult elbow stress fracture, lumbar strain, rule out lumbar herniated disk, symptomatic knee strain, rule out medial meniscal tear. MRI imaging of the cervical spine, MRI imaging of the right and left shoulders, MRI

imaging of the left elbow, MRI imaging of the lumbar spine, and MRI imaging of the left knee were all endorsed. It was not stated how (or if) the aforementioned studies would have influenced or alter the treatment plan. The applicant was given a work restriction of sedentary work only. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On April 15, 2015, physical therapy for modalities was endorsed. Tramadol was continued. The applicant's shoulder, elbow, and knee were all described as improved on this date. The applicant denied any gait abnormalities. The applicant did have some residual low back pain complaints, it was reported. 5/5 bilateral lower extremity motor function was appreciated. Full range of motion of the bilateral shoulders was noted with some positive provocative testing and mild weakness appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 3x4 weeks for the cervical spine, lumbar spine, bilateral shoulders, left elbow and left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy Guidelines; Low Back, Physical Therapy Guidelines; Shoulder, Physical Therapy Guidelines; Elbow, Physical Therapy Guidelines; Knee & Leg, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 additional sessions of physical therapy for the cervical spine, lumbar spine, bilateral shoulders, elbows, and knees was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. It did not appear that the applicant was working with rather proscriptive limitations in place. The applicant's continued dependence on tramadol, coupled with the attending provider's decision to pursue multiple different MRI studies, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of 12 prior sessions of physical therapy. Clear goals for further treatment, going forward, was not articulated. Therefore, the request was not medically necessary.

MRI of the cervical spine: 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 Page(s): 182.

Decision rationale: Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the multifocal nature of the applicant's pain complaints, which included the neck, bilateral shoulders, left knee, low back, left elbow, etc., strongly argued against the presence of any focal nerve root compromise referable to the cervical spine and/or upper extremities. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. The fact that multiple different MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, the applicant's well-preserved lower extremity motor function argued against the presence of the applicant's having a condition amenable to surgical correction insofar as the lumbar spine was concerned. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The multiplicity of pain complaints and multiplicity of pain generators significantly reduced the likelihood of the applicant's acting on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI of the left knee: 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): 335.

Decision rationale: Similarly, the request for MRI imaging of the left knee was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated that he was ordering MRI imaging of the knee to "rule out" a meniscal injury. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm a diagnosis of meniscus tear, as was seemingly suspected here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 to the effect that knee MRI imaging for a meniscus tear is indicated only if surgery is being considered or contemplated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the same. It was not stated how (or if) the proposed knee MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.

MRI of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 609.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 33.

Decision rationale: Similarly, the request for MRI imaging of the elbow was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 33, the primary criteria for ordering imaging studies of the elbow include evidence that an imaging study result will substantially change the treatment plan, evidence of a red flag, evidence of failure to progress in a rehabilitation program, evidence of a lesion amenable to surgical correction, and/or agreement by the applicant to undergo invasive treatment if the presence of a surgically correctable lesion was confirmed. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the injured elbow based on the outcome of study to the effect that multiple different MRI studies were concurrently ordered strongly suggested that this study had been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

MRI's of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 214.

Decision rationale: Finally, the request for MRI imaging of the bilateral shoulders was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the usage of MRI imaging or arthrography of the shoulder for routine evaluation purposes without surgical indications is deemed "not recommended." Here, as with the preceding request(s), there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. The fact that multiple different MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.