

Case Number:	CM14-0149050		
Date Assigned:	09/18/2014	Date of Injury:	09/01/2009
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/13/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic neck, shoulder, and arm pain reportedly associated with cumulative trauma at work between the dates July 2, 2002 through September 26, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; psychological counseling; a TENS unit; earlier knee surgery; and extensive periods of time off of work. In a Utilization Review Report dated August 21, 2014, the claims administrator approved a gastroenterology consultation, conditionally denied 12 sessions of physical therapy, acupuncture, and aquatic therapy, denied an anatomical rating, denied a functional capacity evaluation, approved a follow-up visit, denied an orthopedic consultation, denied knee arthrograms; and conditionally denied various injections. The applicant's attorney subsequently appealed. In a March 4, 2014 neurologic progress note, the applicant was reportedly not working. The applicant was reportedly using a TENS unit and had a pending gastroenterology consultation. The applicant was on Fioricet and Protonix, it was stated. The applicant carried a variety of diagnoses, including hypertension, neck pain, TMJ pain, insomnia, knee pain, elbow pain, and emotional distress. Multiple medications were renewed and/or sought, including shoulder and low back injections. Bilateral knee arthrograms were sought. It was stated that the applicant needed to obtain a repeat CPAP titration and/or CPAP device. Ultrasound imaging of the abdomen, renal structures, and pelvis was sought, along with aquatic therapy and an "updated functional capacity evaluation." Psychological evaluation and psychological testing were also sought. Many of these requests were reiterated through handwritten request for authorization (RFA) forms dated August 8, 2014. In a medical-legal evaluation of April 21, 2014, it was acknowledged that the applicant was not working and had been receiving indemnity benefits

since 2011. Multifocal complaints were noted. The applicant was given diagnoses of chronic neck pain, chronic low back pain, gastritis, hypertension, and xerostomia. It was acknowledged that the applicant was reportedly severely depressed and reporting derivative complaints of sleep disturbance. In his medical-legal evaluation, the medical-legal evaluator alluded to a normal MRI of the abdomen dated January 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anatomical rating: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 293 170 200.

Decision rationale: The request is imprecise. It appears that the attending provider is requesting some form of computerized range of motion testing of several of the implicated body parts. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value" because of the marked variation amongst applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 8, page 170 also notes that range of motion measurements of the neck and upper back are likewise of limited value owing to the marked variation in range of motion amongst applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 200 also notes that an attending provider should determine an applicant's shoulder range of motion both "actively and passively." By implication, then, there is no support for the computerized range of motion/anatomic rating measurement proposed here. Therefore, the request is not medically necessary.

1 Functional capacity evaluation: 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), Fitness for duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when needed to translate medical impairment into limitations and to determine work capability, in this case, however, the applicant is off of work. The applicant has seemingly been off of work for several years. There is no evidence that the applicant has a job to return to and/or intends to return to workplace or workforce. It is unclear

what role functional capacity testing would serve in this context. Therefore, the request is not medically necessary.

1 Orthopedic consult for bilateral knees and shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has multifocal shoulder and knee complaints which have proven recalcitrant to time, medications, physical therapy, earlier knee surgery, etc. Obtaining the added expertise of an orthopedic surgeon to determine whether the applicant may or may not be a candidate for further surgical intervention is therefore indicated. Accordingly, the request is medically necessary.

1 Request for bilateral knee arthrograms: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-5 does score arthrography at 3/4 in its ability to identify and define suspected meniscal tears, ACOEM qualifies its position on arthrography by noting that MRIs are "superior to arthrography" for both diagnosis and safety reasons. In this case, it was not clearly stated why MRI imaging of the knees could not be employed in favor of the proposed arthrograms. Furthermore, the attending provider did not clearly state what was sought. The attending provider did not clearly state what was suspected. The attending provider did not clearly state what the purpose of the bilateral knee arthrograms was. It was not clearly evident that the applicant was considering or contemplating surgical intervention involving either knee. Therefore, the request is not medically necessary.

1 Ultrasound study of abdomen, renal structures and pelvis: 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) Pain (Chronic), Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameters for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum.

Decision rationale: The MTUS does not address the topic. While the American College of Radiology (ACR) notes that indications for ultrasound imaging of the abdomen include abdominal pain, back pain, flank pain, palpable abnormalities such as an abdominal mass, search for metastatic disease or occult primary neoplasm, and/or follow-up of known or suspected abnormalities in the abdomen, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The applicant appears to carry a diagnosis of known gastroesophageal reflux disease (GERD). It was not readily evident or apparent why ultrasound testing was sought here. Therefore, the request is not medically necessary.

1 C-Pap titration study: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography and, by implication, the CPAP titration study being sought here is not routinely recommended in the evaluation of chronic insomnia, including insomnia associated with psychiatric or neuropsychiatric disorders, as is present here. The applicant has a lengthy history of issues associated with emotional distress, psychological disturbance, depression, etc. A CPAP titration study would be of no benefit in either identifying or treating psychological stress-induced insomnia. Therefore, the request is not medically necessary.