

Case Number:	CM13-0009692		
Date Assigned:	06/06/2014	Date of Injury:	09/12/2007
Decision Date:	07/29/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 44-year-old female who reported an injury on 09/12/2007. The mechanism of injury was a slip and fall. The injured worker's previous treatments included physical therapy and acupuncture, as well as medications. The injured worker underwent an MRI of the left knee on 06/29/2010 and an MR arthrogram on 06/09/2011. The injured worker had left knee surgery. The documentation of 07/19/2013 revealed the injured worker had complaints of intermittent severe dull neck pain radiating to the shoulders and intermittent moderate sharp low back pain radiating to the legs, as well as a constant moderately achy left knee. The objective findings revealed +3 tenderness to palpation of the cervical and lumbar paravertebral muscles. The injured worker was ambulating with a cane and there was +3 tenderness to palpation of the anterior knee and posterior knee. The diagnoses included cervical musculoligamentous injury, cervical radiculopathy, lumbar musculoligamentous injury, lumbar radiculopathy, and status post surgery left knee. The treatment plan included chiropractic care 2 to 3 times for 6 weeks; an MRI of the left knee, cervical spine, and lumbar spine; an orthopedic consult for the cervical spine and lumbar spine as well as an orthopedic consultation for the left knee; and a urine tox screen to rule out medication toxicity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment quantity 18.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines indicate that manual therapy is recommended for chronic pain if it is caused by musculoskeletal conditions. If chiropractic treatment is going to be effective there should be an outward sign of subjective or objective improvement within the first 6 visits. The injured worker had +3 tenderness to palpation in the cervical and lumbar paravertebral muscles as well as the anterior knee and posterior knee. However, the request as submitted failed to indicate the body part to be treated. The request for 18 sessions would be excessive. This request would have been supported for 6 initial visits. Given the above, the request for chiropractic treatment quantity 18 is not medically necessary.

Magnetic resonance imaging of the 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) Knee Chapter, Indications for Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI is appropriate postsurgically if it is needed to assess knee cartilage repair tissue. There was a lack of documentation indicating the rationale for a repeat MRI of the left knee. Given the above, the request for magnetic resonance imaging of the left knee is not medically necessary.

Magnetic resonance imaging of the lumbar spine: 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) Low Back Chapter, Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on a neurologic examination is sufficient to warrant imaging in injured workers who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review failed to identify specific nerve compromise on neurologic examination, failed to indicate the injured worker would consider surgery an option, and failed to indicate the injured worker did not respond to conservative treatment. Given the

above, the request for magnetic resonance imaging of the lumbar spine is not medically necessary.

Orthopedic consult of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The ACOEM Guidelines indicate that a surgical consideration and consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging preferably with accompanying objective signs of neurocompromise and activity limitations to the radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. Additionally, there should be documentation of clear clinical imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the long- and short-term from surgical repair as well as a failure of conservative treatment to resolve the disabling radicular symptoms. The clinical documentation submitted for review failed to provide documentation the injured worker had radiculopathy upon examination. There was a lack of documentation of imaging and electrophysiologic evidence to support the necessity. There was a lack of documentation of a failure of conservative treatment. Given the above, the request for orthopedic consult of the lumbar spine is not medically necessary.

Orthopedic consult for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and the failure of an exercise program to increase range of motion and strength of musculature around the knee. The clinical documentation submitted for review indicated the injured worker was having pain. However, there was a lack of documentation of activity limitation for more than 1 month and the failure of an exercise program to increase range of motion. Additionally, the submitted document failed to indicate the injured worker had a recent flare-up. Given the above, the request for orthopedic consult for the left knee is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens where there are documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the quantity of urine toxicology screens being requested. The request as submitted failed to indicate the quantity of urine tox screens being requested. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for urine toxicology is not medically necessary.