

<b>Case Number:</b>	CM13-0019819		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/24/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of May 9, 2012, December 31, 2012, and February 19, 2013. A utilization review determination dated July 29, 2013 recommends non-certification of an MRI of the left ankle, cortisone/lidocaine injection for the left shoulder, a cortisone/lidocaine injection for the left knee, a left knee MRI, and the 12 physical therapy sessions requested were modified to 10 sessions. A progress note dated May 28, 2018 identifies subjective complaints of 7/10 pain level of the neck with associated numbness and tingling of the left-hand; pain in both shoulders radiating into both arms and hands left greater than right, increased pain with rotation, reaching overhead, lifting, carrying, pushing, and pulling, instability of the shoulder with popping and clicking, burning sensation, pain level of 8-9/10, and the patient has previously had an unknown number of physical therapy for bilateral shoulders; continued mid and lower back pain as increase with standing, twisting, walking, lifting, bending, stooping, squatting, and lying down, complaints of numbness, weakness, tingling, burning sensation in both legs, pain level as 8-10/10, denies bowel or bladder problems; continued left knee and ankle pain increased with walking, standing, flexion and extension of the left knee, ascending and descending stairs, squatting, stooping, episodes of buckling and giving way of the left knee, complaints of swelling, popping, and clicking, pain level of 8-9/10, and the patient has previously done a unknown number of sessions of physical therapy for the left knee. The current medications consist of an unnamed muscle relaxer, and an unnamed world pain medication, and an unnamed sleep aid. Physical examination of the cervical spine identifies range of motion to be 40 with flexion, 25 with extension, 40 with right rotation, 42 with left rotation, 30 with right lateral flexion, 35 with left lateral flexion, the range of motion is limited due to pain and spasm. Physical examination of the left shoulder identifies a positive impingement and empty can test, range of motion is 120 with flexion, 20 with extension, 95 with abduction, 40 with adduction, 80

with internal rotation, 85 with external rotation. Physical examination of the lumbar spine identifies flexion at 30, extension at 10, and right and left lateral flexion at 12. Physical examination of the left knee reveals a positive McMurray test, tenderness over the medial joint line, crepitus, flexion at 120, and extension at 0. Physical examination of the left ankle reveals increased pain with eversion, tenderness to palpation over the anterior joint line, dorsi flexion at 15, plantar flexion at 30, inversion with 15, and eversion at 10. Diagnoses include cervical disc syndrome, bilateral rotator cuff syndrome, lumbar spine spondylosis, and left ankle sprain/strain. The treatment plan recommends physical therapy for the cervical spine, lumbar spine, bilateral shoulders, and left knee at a frequency of twice a week for six weeks to improve strength, stability, range of motion, and decreased pain. The treatment plan also recommends tramadol, Relafen, and omeprazole, left knee and shoulder cortisone/lidocaine injection, urine toxicology test, an MRI of the left ankle, a copy of the MRI report of the cervical spine, lumbar spine, bilateral shoulders, and left knee.

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

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

#### **12 PHYSICAL THERAPY SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy; Low Back Chapter, Physical Therapy; Neck and Upper Back Chapter, Physical Therapy; Knee and Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for 12 physical therapy sessions, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for 12 physical therapy sessions is not medically necessary.

#### **ONE MRI OF THE LEFT ANKLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Regarding the request for MRI of the left ankle, Occupational Medicine this Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG states that the MRI provided more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures. Guidelines state that in patients requiring surgery, MR imaging is especially useful in planning surgical treatment. Guidelines also state that MRI has a very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. Within the documentation available for review, it is unclear if the patient has failed conservative treatment such as physical therapy. In the absence of such documentation, the currently requested left ankle MRI is not medically necessary.

**ONE CORTISONE TO LIDOCAINE INJECTION TO THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 204.

**Decision rationale:** Regarding the request for a left shoulder cortisone/lidocaine injection, guidelines recommend shoulder injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems, following 3 months of conservative treatment. Repeat injections are not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. Within the documentation available for review, there is unclear documentation of failure of conservative treatment specifically directed towards this particular shoulder condition. The patient has had an unspecified number of physical therapy sessions and acupuncture, and there is no documentation of treatment failure or of functional improvement. In the presence of lack of clarity within the documentation, the requested left shoulder cortisone/lidocaine injection is not medically necessary.

**ONE CORTISONE TO LIDOCAINE INJECTION TO THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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

**Decision rationale:** Regarding the request for a left knee cortisone/lidocaine, ODG states that intra-articular corticosteroid injections are recommended for short-term use only. Intra-articular

corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. The criteria for intra-articular glucocorticosteroid injections, according to the American College of Rheumatology (ACR), states that there has to be documentation of 1) severe osteoarthritis of the knee with knee pain 2) not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); 3) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease ;4) intended for short-term control of symptoms to resume conservative medical management or delay TKA. Guidelines go on to state that a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; the number of injections should be limited to three. Within the documentation available for review, the requesting physician documented that the patient had physical therapy but did not specify the number of sessions completed or if the patient obtained any functional improvement from the therapy and there is no documentation of failed NSAID treatment. Additionally, there is no documentation of an x-ray identifying osteoarthritis in the right knee. As such, the currently requested left knee cortisone/lidocaine injection is not medically necessary.

#### **ONE MRI OF THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

**Decision rationale:** Regarding the request for an MRI of the left knee, Occupational Medicine Practice Guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. ODG Indications for imaging - MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening);

Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. Within the medical information made available for review, the patient has had an MRI of the left knee on March 26, 2013, which revealed a small joint space effusion. There is no documentation of any significant changes or new trauma since the MRI to justify a repeat MRI. In the absence of such documentation, the currently requested MRI of the left knee is not medically necessary.