

Case Number:	CM13-0023706		
Date Assigned:	12/18/2013	Date of Injury:	05/18/2011
Decision Date:	04/18/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 53-year-old male who reported an injury on 05/18/2011 due to a twisting motion while walking down a ramp that reportedly caused injury to the patient's low back and left knee. The patient's treatment history included a surgical intervention of the left knee in 04/2012, physical therapy, and medications. The patient underwent an electrodiagnostic study in 07/2013 that documented the patient had a normal nerve conduction study and an abnormal electromyography suggestive of bilateral chronic active L5 through S1 radiculopathy. The patient also underwent an MRI of the lumbar spine in 02/2013 that documented the patient had multilevel degenerative disc changes with a disc bulge at the L2-3 and L5-S1 levels. The patient underwent an MRI of the left knee in 02/2013 that documented the patient was status post partial medial meniscectomy, with osteoarthritic changes involving the medial femoral tibial joint compartment and evidence of a possible re-rupture. The patient's most recent clinical evaluation documented the patient had persistent low back and left knee complaints that benefitted from physical therapy and medications. The patient's medications included tramadol and Protonix. The patient's diagnoses included lumbar spine sprain/strain, left knee sprain/strain, left knee pain, left knee internal derangement, and stress related to chronic pain. The patient's treatment plan included an MRI of the left knee, low back, and electrodiagnostic studies secondary to ongoing symptoms. It was also recommended that the patient have a referral to a spine surgeon and continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times 4 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously received physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, 1 to 2 visits may be appropriate for this patient to assist the patient in reestablishing a home exercise program. However, the requested 8 visits would be considered excessive. Additionally, the request as it is written does not clearly define what body part the physical therapy is being requested for. Therefore, the appropriateness of the request cannot be determined as the patient has previously received therapy to both the left knee and low back. As such, the requested physical therapy 2 times 4 is not medically necessary or appropriate.

MRI 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);Minnesota Rules, Parameters for Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MRI

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The Official Disability Guidelines do not support routine and repeat imaging unless there has been a significant change in the patient's clinical presentation to support progressive neurological deficits or a change in pathology. The clinical documentation does indicate that the patient underwent an MRI in 02/2013. The clinical documentation fails to document a significant change in the patient's symptoms that would support progressive neurological deficits or a change in the patient's pathology. Therefore, the need for an MRI is not clearly indicated. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

MRI 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);Minnesota Rules, Parameters for MAGNETIC RESONANCE IMAGING (MRI).

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, MRI

Decision rationale: The requested MRI of the left knee is not medically necessary or appropriate. Official Disability Guidelines do not recommend repeat imaging for persistent pain complaints unless there is a significant change in the patient's clinical presentation to support a change in the patient's pathology. The clinical documentation submitted for review does provide evidence that the patient underwent an MRI in 02/2013. The clinical documentation fails to provide any evidence that the patient has had a significant change in clinical presentation to support the need for an additional MRI. As such, the requested MRI of the left knee is not medically necessary or appropriate.

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The requested EMG for the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when delineation between radicular and neuropathic pain is needed for the patient. The clinical documentation submitted for review does provide evidence that the patient underwent electrodiagnostic studies in 07/2013. It was identified that the patient did not have any neuropathic abnormalities and that the patient had evidence of radiculopathy. The clinical documentation fails to provide a significant change in the patient's clinical presentation since 07/2013 to warrant an additional electrodiagnostic study. The clinical documentation does not clearly identify who an additional electrodiagnostic study would contribute to the patient's current treatment plan. As such, the requested EMG of the bilateral lower extremities is not medically necessary or appropriate.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The requested NCV for the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when delineation between radicular and neuropathic pain is needed for the patient. The clinical documentation submitted for review does provide evidence that the patient underwent electrodiagnostic studies in 07/2013. It was identified that the patient

did not have any neuropathic abnormalities and that the patient had evidence of radiculopathy. The clinical documentation fails to provide a significant change in the patient's clinical presentation since 07/2013 to warrant an additional electrodiagnostic study. The clinical documentation does not clearly identify who an additional electrodiagnostic study would contribute to the patient's current treatment plan. As such, the requested NCV of the bilateral lower extremities is not medically necessary or appropriate.