

<b>Case Number:</b>	CM13-0027592		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 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 patient has submitted a claim for lumbar radiculitis, lumbar disc protrusion at L5/S1, and left knee internal derangement s/p synovectomy associated with an industrial injury date of 09/12/2007. Treatment to date has included left knee synovectomy on 03/09/2009, back brace, cane, physical therapy, chiropractic care, acupuncture, left lumbar plexus block, left knee steroid injection, TENS, epidural steroid injection, oral and topical medications. Utilization review from 09/09/2013 denied the requests for Ortho consult for left knee, MRI of left knee, and MRI of lumbar spine. There was no documented limited range of motion or loss of strength or other red flag conditions of the left knee requiring referral for orthopedic consultation. Objective findings for both left knee and lumbar spine remained status quo. There was no significant clinical deterioration in signs and symptoms necessitating MRI of both body parts. Medical records from 2013 to 2014 were reviewed with the most recent progress report dated 09/06/2013 showing that patient complained of chronic constant, mild, dull, burning low back pain associated with stiffness, numbness and tingling sensation. Patient also complained of chronic constant, moderate burning at left knee accompanied by stiffness. Patient was able to ambulate with a cane. Physical examination showed that there was no bruising, swelling, atrophy or lesion present at the lumbar spine and left knee. There was +3 tenderness at the L3-S1 spinous processes, paralumbar muscles, anterior and posterior left knee. Straight leg raise was positive. MRI of left knee, dated 06/29/2010, showed previous partial meniscectomy of the medial and lateral meniscus but there remains a grade 2 signal change within both meniscus. There was also noted to be a clinical partial repair present in the anterior cruciate ligament. There was also patellofemoral chondromalacia. MR Arthrogram of left knee, dated 06/09/2011, showed patella alta associated with mild chondromalacia, intact ligaments, tendons, and menisci. MRI of the lumbar spine, dated 12/27/2011, showed disc dessication with normal disc height at T12-L1 and

L5-S1, disc dessication with moderate disc height loss at L4-L5, 1 mm diffuse disc bulge at T12-L1, 4 mm diffuse disc bulge with mild to moderate bilateral neuroforaminal narrowing, mild effacement of anterior thecal sac, and mild bilateral facet hypertrophy at L4-L5, and 1 mm left lateral disc protrusion resulting in mild left neuroforaminal narrowing. Current medications include hydrocodone/acetaminophen, naproxen, Condrolite, omeprazole and Toprophan.

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

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

**An orthopedics consultation for the left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

**Decision rationale:** CA MTUS reference to ACOEM guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. The guidelines further state that a surgical consult is indicated if there was activity limitation for more than a month and if exercise programs did not increase range of motion or strengthen the area. In this case, the patient had similar subjective complaints, as well as objective findings based on the progress reports written in 2013. There were no medical records provided documenting the need for a consultation or that diagnostic and therapeutic management were exhausted within the treating provider's scope of practice. Any type of surgical intervention was not advised. Therefore, the request for an orthopedics consultation for the left knee is not medically necessary and appropriate.

**An MRI of the left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers compensation 9th Edition, Knee & Leg (Acute & Chronic).

**Decision rationale:** CA MTUS does not address repeat imaging. ODG guidelines state that a repeat MRI is only indicated post-surgically if needed to assess knee cartilage repair tissue. In this case, the patient underwent left knee synovectomy on 03/09/2009 and a repeat MRI of left knee post-op was already done on 06/29/2010. This is aside from the MR Arthrogram of left knee performed on 06/09/2011 with findings of patella alta associated with mild chondromalacia, intact ligaments, tendons, and menisci. Furthermore, the orthopedic joint agreed medical re-evaluation dated 01/11/2014 concluded that the pain was a component of non-organic pain

behavior. Any type of surgical intervention was not advised because of the relatively benign MRI findings. Objective findings for the left knee remained status quo in 2013 based on the progress reports submitted for review. There were no medical records provided documenting the need for a repeat MRI of left knee. Therefore, the request for a decision for MRI of left knee is not medically necessary and appropriate.

**An MRI 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 Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd edition, 2004, Low Back Complaints, page 53

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd edition, 2004, Low Back Complaints, page 53

**Decision rationale:** As stated in pages 289-290 of CA MTUS ref. to ACOEM, MRI of the lumbar spine may be indicated if there is evidence of tissue insult or nerve impairment and imaging studies should be reserved for surgical consideration or red-flag diagnoses have been evaluation. The submitted clinical notes did not show a significant change in the employee's condition in terms of motor, neurological or sensory deficits to support the requested study. Furthermore, the orthopedic joint agreed medical re-evaluation dated 01/11/2014 concluded that the pain was a component of non-organic pain behavior. Any type of surgical intervention was not advised because of the relatively benign MRI findings. The Occupational Medicine Practice Guidelines also state that repeat MRI imaging without significant clinical deterioration in signs or symptoms is not recommended. The records indicate that the claimants subjective complaints were primarily of a psychiatric or psychologic overlay without documentation of significant change in severity of objective findings to warrant this MRI. The guideline criteria have not been met. Therefore, the request for a decision for an MRI of the lumbar spine is not medically necessary and appropriate