

<b>Case Number:</b>	CM13-0036310		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 physician 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 50-year-old female who reported an injury on March 11, 2010. The mechanism of injury was a fall. She initially injured her lower back and her bilateral knees. She failed conservative treatment for her right knee and subsequently received arthroscopic surgery on April 29, 2011. The patient reported excellent results after the surgery to the right knee, noting a significant decrease from her amount of preoperative pain; however, the patient did continue to have pain complaints and received injections (unspecified) and pain management. Her current complaints in regard to the right knee include pain with prolonged sitting, standing, or walking; kneeling or squatting; and climbing stairs. The patient has had complaints of lower back pain since September 2012. Treatment for this has included chiropractic, medication management, and psychological pain therapy. The patient's description of her lower back pain includes pain that is present all the time and radiates down to the right lower extremity. This pain is worsened with prolonged sitting or standing, and heavy lifting. An MRI to the lumbar spine performed on November 21, 2011, reported degenerative disc disease with a 2 mm bulge at L4-5. An Electromyography (EMG) / Nerve Conduction Velocity (NCV) performed on an unknown date revealed right-sided radiculopathy with positive straight leg raising to the right lower extremity, and no sensory deficit. A more recent MRI of the lumbar spine performed on August 10, 2013 revealed borderline central canal stenosis from bilateral ligamentum flavum and facet joint hypertrophy, as well as minimal bulging at L4-5 with an annular tear, without nerve compression. In a clinical note dated April 01, 2013, the patient is noted to have had a recent fall, landing on her right knee. It is unclear what kind of conservative treatment was provided for this; however, she stated that the knee continues to be aggravated. A physical examination performed on September

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee without contrast:** Overturned

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

**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, MRI.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address repeat MRIs; therefore, the Official Disability Guidelines were supplemented. The ODG states that repeat knee MRIs are not routinely performed for follow-up of asymptomatic patients following knee arthroplasty. However, Guidelines do state that repeat MRIs may be appropriate for patients experiencing pain after a total knee arthroplasty (TKA) with a negative radiograph for loosening of hardware. X-ray results contained in the September 23, 2013 note reported medial compartment joint space narrowing only. Since there was no evidence of hardware loosening, it is appropriate to obtain a repeat imaging study. These findings, along with the patient's April 2013 history of an acute re-injury to the right knee, meet guideline recommendations; therefore, a repeat MRI of the right knee without contrast is medically necessary and appropriate.

**physical therapy for the lumbar spine, two (2) times a week for six (6) weeks:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Guidelines recommend 9 to 10 visits of therapy for unspecified myalgia or myositis, with an initial 6 visits to determine efficacy. The patient is noted to have had ongoing lumbar spine pain with MRI findings of disc bulging at L4-5 without nerve compression. Due to the lack of objective values of ranges of motion, but a written description of mild range of motion deficits, as well as no documentation regarding how the lumbar symptoms affect functional ability, there is no indication for therapy at this time. Also, the request for 12 sessions exceeds Guideline recommendations. As such, the request for physical therapy for the lumbar spine 2 times a week for 6 weeks is not medically necessary and appropriate.