

Case Number:	CM13-0044579		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2012
Decision Date:	03/15/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

This male patient sustained a work-related injury on 5/10/10. On the date of injury, he suffered multiple fractures to his left leg/knee and injured his back. He is under treatment for chronic low back pain and chronic left knee pain. After his injury, he underwent left leg/knee surgery involving an open reduction internal fixation of a fracture of the left tibia and left knee in May 2012, and a subsequent graft surgery to his leg. Due to his lack of motion in the left knee, he had another left knee surgery in January 2013. Per the primary physician progress report dated 9/25/13, the patient is reporting increased symptoms since the prior office visit. He rates his low back pain at 4/10 and left leg/knee pain at 7-8/10. The patient had recently undergone left knee surgery for medial and lateral meniscectomy. He was found to have an infection and was treated with antibiotics. The objective physical exam findings on 9/25/13 include muscle spasm of the left lumbar paraspinal musculature. There is a positive straight leg raise on the left side at 45 degrees. There are multiple scars on the left tibia. There is a skin graft over the left tibia as well that is well healed. There is mild swelling of the left ankle and foot. There is slightly diminished light touch along the lateral aspect of the left foot. The patient's diagnosis include status post open reduction and internal fixation of the left tibia, status post skin graft from left groin to left tibia, left knee arthroscopy (9/14/13), and lumbar spine multilevel degenerative joint disease with radiculopathy. An EMG of the lower extremities performed on 9/11/13 was normal EMG revealed severe left peroneal motor neuropathy with possible site of lesion around the fibular head. An MRI of the lumbosacral spine with 3D myelogram on 10/20/13 revealed multiple areas of disc desiccation. At the L5-S1 level, there is a 4.2mm broad-based disc protrusion present, flattening and abutting the anterior portion of the thecal sac slightly more to the right greater than left with mild to moderate right greater than left lateral spinal and neural foraminal stenosis.

There is no extrusion or sequestration of the disc material. At the L4-L5 level is a 4.8mm broad-based disc protrusion present, flattening and abutting the anterior portion of the thecal sac slightly more to the right greater than left with mild to moderate right greater than left lateral spinal canal neural foraminal stenosis. There is no extrusion or sequestration of the disc material. A 12/3/13 report states that the patient is not manifesting radiculopathy that would warrant pain management. Physical examination testing on this date reveals negative straight leg raising, full muscle motor testing, and decreased sensation in the L4 and L5 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for possible epidural injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Per MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing for a pain management consultation to be necessary. There is a 12/3/13 report that states the patient is not manifesting radiculopathy that would warrant pain management. Physical examination testing on this date reveals a negative straight leg raising on attempts to elicit radicular pathology. Lacking physical exam findings and a diagnosis of radiculopathy, the request for lumbar epidural steroid injections is not medically necessary or appropriate.

12 physical therapy sessions for the lumbar spine and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: The Postsurgical Treatment Guidelines recommend 12 physical therapy visits over 12 weeks post meniscectomy. The initial course of therapy would be half the number of visits (i.e., six). If there was evidence of objective functional improvement, then the subsequent course of physical therapy could be provided within parameters. The MTUS guidelines state that 8-10 therapy visits may be recommended for neuralgia, neuritis, and radiculitis, unspecified. The request for 12 physical therapy sessions exceeds the recommended number of visits for both the lumbar spine and knee and therefore is not medically necessary.