

Case Number:	CM13-0045056		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2012
Decision Date:	03/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 54 year old female who reported injury on 12/03/2012. The mechanism of injury was stated to be the patient was breaking up a fight between 2 students and 1 of the students pulled her arm and twisted her. The patient was noted to have left knee pain, cervical spine pain, and lumbar spine pain. Per the nurse case manager notes dated 10/02/2013, the patient was noted to have been seen on 09/27/2013; however, those records were not provided for review. The patient's diagnosis was noted to be joint pain, left leg. The request was made for Ultracet, Fexmid, physical therapy, and an MRI of the left knee, cervical spine, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the L/S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: ACOEM Guidelines indicate MRIs are supported when a patient has red flags which include unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The most recent examination dated 08/22/2013 revealed the

patient's gait was mildly antalgic gait and deep tendon reflexes were symmetrical in the bilateral lower extremities. There was a lack of documentation indicating the patient had unequivocal objective findings of specific nerve compromise on the neurologic examination. Case management notes indicated that the MRI of the lumbar spine was ordered to determine if the left knee was related to the lumbar spine. However, as previously stated, the examination notes dated 09/27/2013 were not provided to support the necessity and the examination of 08/22/2013 failed to indicate the patient had myotomal or dermatomal findings to support the request. Given the above, the request for MRI of the L/S is not medically necessary.

MRI of the C/S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines indicate the criteria for ordering imaging studies of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. It further indicates that physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The most recent documentation dated 08/22/2013 indicated that the patient had a positive Spurling's sign for neck pain radiating to the levator scapulae and trapezius muscles. The patient's deep tendon reflexes were noted to be normal. There was a lack of documentation indicating myotomal or dermatomal findings to support the necessity for the examination with physiologic evidence of tissue insult or neurologic dysfunction. Given the above, the request for MRI of the C/S is not medically necessary.

MRI of the L knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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

Decision rationale: Official Disability Guidelines indicate that a repeat MRI is necessary if there is a need to assess knee cartilage repair tissue. The clinical documentation submitted for review indicated the patient had an MRI of the left knee on 12/21/2012, which revealed a 1.8 mm focal full thickness articular cartilage defect within the patellofemoral compartment at the junction of the medial and lateral facets of the patella, and osteochondral abnormality at the lateral tibial plateau with focal marrow edema noted posteriorly and overlying articular cartilage, fraying, and irregular thinning, as per the documentation of 01/30/2013. There was a lack of

documentation of objective findings to warrant a repeat study. Given the above, the request for MRI of the L knee is not medically necessary.

8 Physical therapy sessions for the L knee: Upheld

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

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide the number of sessions the patient had participated in. Additionally, there was a lack of documentation indicating the patient's objective functional benefit received from physical therapy and remaining functional deficits. Given the above, the request for 8 Physical therapy sessions for the L knee is not medically necessary.

Fexmid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: California MTUS states that cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 weeks to 3 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Per the submitted request, there was a lack of documentation indicating the quantity and strength of the medication being requested. Given the above, the request for Fexmid is not medically necessary.

Ultracet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet, Ongoing Management Page(s): 83, 78.

Decision rationale: CA MTUS Guidelines indicate that weak opioids (like Ultracet) should be considered at initiation of treatment with opioids for patients with chronic pain. There should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, there was a lack of documentation indicating the quantity and the strength being requested. Given the above, the request for Ultracet is not medically necessary.