

Case Number:	CM13-0066342		
Date Assigned:	01/03/2014	Date of Injury:	09/23/2008
Decision Date:	04/09/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for bilateral knee pain with an injury date of September 23, 2008. Treatment to date has included physical therapy, medications, acupuncture, & left knee arthroscopic surgery, partial medial & lateral meniscectomy, articular cartilage shaving retro patella & medial/ lateral tibial plateau, & major synovectomy. A utilization review from December 3, 2013 denied the request for MRA of the right knee, x-rays of the right knee, x-rays of the thoracic spine and x-rays of bilateral hips; but has partially certified the request for physical therapy for 4 sessions. Medical records from 2011 through 2013 were reviewed showing that the patient has been suffering from low back pain & bilateral constant knee pain (pain score 3/10). On physical exam performed on November 2013, Anterior Cruciate Ligament (ACL) popping & locking has been demonstrated. On October 2013, the patient underwent MRI of the right knee and a tear was not entirely excluded, hence an MRA was advised. The patient has also undergone multiple sessions of physical therapy for her knees & lower back since 2009, as often as 3 times per week for 6-7 months, which has only provided temporary pain relief

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines,2013, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: According to pages 98-99 of the California MTUS chronic pain medical treatment guidelines and page 114 of ACOEM Pain, Suffering, and the Restoration of Function Chapter, the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had multiple physical therapy sessions that have been said to only provide temporary pain relief. In addition, the patient continues to have constant pain in the knees & lower back, therefore continued benefit of treatment is not evident. Therefore, the request was not medically necessary.

MRA OF RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Knee & Leg- Indications for Imaging- 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 & Leg, MR Arthrogram

Decision rationale: According the Knee & Leg section of ODG, MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Although a tear was suspected from the patient's MRI of the right knee, an MRA is recommended as an option postoperatively. Since the patient has not undergone surgery for his right knee, the request was not medically necessary

X RAY OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg- Indications for Imaging- X-Rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: According to pages 341-343 of the ACOEM Knee Complaints chapter, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of

acute trauma, radiography is indicated to evaluate for fracture. In this case, the patient's knee injury was not acute and there is no sufficient evidence to suspect whether a fracture was present based on the available clinical data. Therefore, the request was not medically necessary.

X RAY OF THE THORACIC SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Radiography

Decision rationale: According to the ODG, Neck and Upper Back section, radiography (x-ray) is not recommended in the absence of red flags. Indications for imaging of the thoracic spine include: severe trauma, pain, and presence of neurological deficit. Although it was indicated that the patient suffered from low back pain, pain score was reported to be only 3/10. Moreover, a neurologic exam was not included in the documentation to demonstrate neurologic deficits. Therefore, the request was not medically necessary

X RAY OF THE BILATERAL HIPS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-Ray

Decision rationale: According to the ODG Hip & Pelvis section, plain radiographs of the pelvis are routinely obtained in patients sustaining a severe injury and are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, it was not stated whether the patient complained of any hip pain or has sustained an Final Determination Letter for IMR Case Number [REDACTED] injury to the hip. Moreover, a physical examination of the hip was not reported either. Therefore, the request was not medically necessary.