

Case Number:	CM14-0007157		
Date Assigned:	02/07/2014	Date of Injury:	08/03/2011
Decision Date:	06/23/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/19/2014

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 claimant injured her neck, low back, left shoulder, and both knees on 08/03/11. A note dated 03/19/13 indicates she had a lumbar ESI with no significant benefit. On 04/16/13, when she saw [REDACTED], she had neck, low back, left shoulder, and bilateral knee pain. She saw [REDACTED] orthopedics, on 05/17/13. Left knee had joint line tenderness with crepitus and range of motion 0-125°. Right knee had similar findings. MRI on 10/05/12 of the left knee showed mild joint effusion with degenerative arthritis and a complete tear of the ACL. There was fraying of the anterior horn of the lateral meniscus. She was diagnosed with osteoarthritis of both knees. She had an MRI of the lumbar spine on 04/27/13 that showed at L5 - S1 diffuse disc protrusion with effacement of the thecal sac. There was bilateral neuroforaminal narrowing effacing the bilateral L5 exiting the roots. There was grade 1 anterolisthesis of L5 over S1. She also had an HNP at C5-6 and C6-7 with lumbar discogenic disease and bilateral knee sprains. She left shoulder impingement with subacromial bursitis. She has had extensive physical therapy per the therapist. Injections are recommended for her neck. A note by [REDACTED] dated 09/17/13 reveals she had similar complaints at that time. [REDACTED] had agreed that she had ACL tears. She wanted to see [REDACTED] for a consult for possible surgery versus injections. She had more low back complaints. She saw [REDACTED] on 10/09/13 and was 12 days post-op. She was doing well. She was status post cervical spine incision and had impingement and painful range of motion of the left shoulder. She stated her arms were getting weaker. She had painful limited range of motion of the low back with a positive SLR bilaterally and decreased sensation bilaterally at L5. She had positive anterior drawer signs bilaterally at the knees and tenderness at the joint lines. There was patellofemoral crepitation and positive Apley's grind test. She was status post cervical fusion at C5-6 and C6-7. On 12/04/13, she was doing well. Her left arm was well. She still had low back, left shoulder, and bilateral knee pain. Her neck was better. Physical

findings were unchanged. Physical therapy was recommended for her back and lumbar epidural steroid injections were also requested. She was referred to [REDACTED] for psych treatment for depression. She was referred to [REDACTED] for her knees. [REDACTED] stated he agreed with [REDACTED] that she needs bilateral knee surgery and he also agreed with Synvisc injections. [REDACTED] recommended a psychological evaluation for depression. Also, of note, the claimant had a drug test that showed some discrepancies with her use of medications, including Alprazolam and opioids and this has not been addressed in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The history and documentation do not objectively support the request for PT for the cervical spine at this time. The California MTUS state on p. 24 "Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months." The claimant is status post cervical fusion surgery in late 2013 and PT was recommended by [REDACTED] on 10/09/13, but the claimant's course of treatment since that time, including whether or not she has attended that PT, is unclear. Her current status is also unknown. There is no indication that she requires supervised rehab for her cervical spine or is likely to receive significant benefit from it and the medical necessity of this request for post-op PT has not been clearly demonstrated. Also, the history and documentation do not objectively support the request for PT for the lumbar spine. The California MTUS Chronic Pain Guidelines, p. 98-99 state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. " The claimant has had therapy in the past and has had an ESI, which would typically follow a course of rehab and be done in conjunction with ongoing exercise. In addition, the claimant has been advised at her office visits to continue her home exercises. There is no indication that she requires supervised rehab for her low back or is likely to receive significant benefit from it based on the overall chronicity of her complaints and findings and the medical necessity of this request has not been clearly demonstrated.

REFERRAL TO [REDACTED] FOR LEFT KNEE ONLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: The history and documentation do not objectively support the request for referral of the claimant for a consultation for her left knee. The California MTUS ACOEM Guidelines chapter 7, p. 127 state "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." In this case, the claimant has already seen an orthopedic surgeon and her course of treatment for her left knee since that evaluation, is unknown. She has been diagnosed with osteoarthritis and an ACL tear. It is not clear why she needs another consultation at this time and the specific indication for this referral has not been described. The medical necessity of this request has not been clearly demonstrated.