

Case Number:	CM14-0102054		
Date Assigned:	07/30/2014	Date of Injury:	04/20/2000
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family 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:

This is a 62-year-old male patient who reported an industrial injury on 4/20/2000, over 14 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of chronic neck pain radiating down both arms, left shoulder pain, and left knee pain. The patient reported the intensity of the pain had increased. The objective findings on examination's included decreased range of motion cervical spine; Spurling's sign positive radiating to the upper extremities; tenderness to the glenohumeral joint; left knee included tenderness over the lateral joint line and medial joint line; decreased sensation over the left C7 dermatome and right C6 and T1; sensation of pinprick decreased over right lateral foot; Spurling's test positive on the right. The patient was diagnosed with cervical radiculopathy, knee pain, pain in joint lower leg, carpal tunnel syndrome, shoulder pain, lumbar radiculopathy, spinal/lumbar degenerative disc disease, and low back pain. The patient was prescribed Valium 5 mg; and OxyContin #120. Patient was prescribed a MRI of the left knee and 12 additional sessions of physical therapy directed to the right shoulder and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Paage 343 and 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339.

Decision rationale: There was no rationale provided by the treating physician to support the medical necessity of the MRI of the left knee directed to the diagnosis of sprain for the DOI 14 years ago. The objective findings on examination documented are limited to tenderness. The objective findings on examination fail to document a positive Lachman, pivot shift, or McMurry's test. There is no objective findings of a positive pivot shift test or Lachman's test. The medical necessity of a MRI for this patient was not supported with the objective findings documented on examination. There are no documented objective findings on examination or by x-ray to support the medical necessity of the MRI of the knee on an industrial basis. The findings on physical examination documents only tenderness with no objective findings documented consistent with a tear or of internal derangement. There are no orthopedic testing findings documented to support the medical necessity of a MRI to the knee for the diagnosis of contusion. Physician has not provided a rationale with a nexus to the DOI 14 years ago for the reported left knee pain. Knee pain is expected within the known symptoms associated with the diagnosis of morbid obesity. The current knee issues have a higher medical probability of being due to morbid obesity than to the contusion of the knee suffered 14 years ago. The request for the MRI of the left knee is not made by an orthopedic surgeon contemplating surgical intervention of the left knee. The objective findings recommended by the CA MTUS, the ACOEM Guidelines 2nd edition and the Official Disability Guidelines for the authorization of an MRI/MRA of the knee were not documented in the available clinical documentation submitted. The ACOEM Guidelines state that reliance on MRIs of the knee for a diagnosis can lead to diagnostic confusion. The Official Disability Guidelines (ODG) states, "That MRI is useful, but should be reserved for situations in which an experienced clinician requires further information before arriving at a diagnosis." The MRI is an adjunct to the objective findings on the physical examination. The objective findings documented by physician were limited to tenderness. There were no other documented clinical findings, such as, a specific McMurry's or locking consistent with a meniscus tear or internal derangement. There is no rationale by the provider supported with objective evidence to support the medical necessity for the requested MRI of the left knee.

Physical Therapy 12 visits for the right shoulder and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient has received prior sessions to date on this industrial claim with noted improvement whereas the CA MTUS recommends up to ten (10) sessions for the treatment of the knee and shoulder attributed to the DOI. There is no medical necessity demonstrated for an additional 2x6 sessions of PT for the cited diagnoses. The patient is noted to have only tenderness to palpation to the knee and shoulder with no demonstrated weakness or muscle atrophy. The requesting provider has provided no objective evidence to support the medical

necessity of additional sessions of PT as opposed to a self-directed home exercise program for the strengthening and conditioning of the shoulder and knee. The patient is noted to be able to participate in HEP. The patient has been provided with prior sessions of PT and the request for additional sessions of PT has significantly exceeded the number recommended by the CA MTUS for the treatment of the stated diagnoses. The patient has been documented with improvement of strength and range of motion to the knee and shoulder. The additional strengthening prescribed can be accomplished in HEP as recommended. There are no diagnoses that could not be addressed with HEP. The CA MTUS recommends up to ten (10) sessions of physical therapy over eight (8) weeks for the rehabilitation of the shoulder subsequent to the diagnosis of sprain/strain or impingement. The CA MTUS recommends a total of nine (9) sessions over 8 weeks for the rehabilitation of the knee or LE s/p sprain/strain with integration into a self-directed home exercise program. There is no subjective/objective evidence provided to support the medical necessity of the additional sessions of PT over the recommended self-directed home exercise program once the total number of sessions recommended by the CA MTUS has been completed. The documented objective findings are consistent with the level where the patient is able to use the exercises learned in PT and apply them in a home exercise program.