

Case Number:	CM14-0010939		
Date Assigned:	02/21/2014	Date of Injury:	08/26/2013
Decision Date:	07/09/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Internal 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:

Patient is an injured worker lumbosacral and left lower extremity conditions. Date of injury was 08/26/13. Doctor's first report of occupational injury 08-30-2013 documented a primary diagnosis of strain of hamstring muscles. Primary treating physician initial orthopedic evaluation report 01- 02-14 was provided by orthopedic surgeon [REDACTED]. On 01/02/14, patient was evaluated for persistent lumbar spine, left buttock and left knee pain. Patient stated on 08/26/13, while performing her regular duties she sustained injury to her lower back, left buttock and left knee. She stated she was walking in the cafeteria when she allegedly slipped on a wet floor. She claims she did the splits hyper extending her left lower extremity. She did not fall to the ground. She was referred for therapy and had 12 physical therapy sessions with partial improvement. She complained of persistent pain to her left lower back, buttock and left leg and left knee. The patient complains of intermittent slight to moderate sharp pain with soreness, stiffness, cramping, pressure, pulling and tightness at the left buttock and left lumbar spine. She has radiation of pain down left knee. She also complains of constant slight left knee pain. She has sensation of left knee giving way, locking and buckling. Orthopedic examination: She stands with straight posture and walks with slight cautious gait with left lower extremity. Shoulders level, head and neck straight, waistline equal and there was no thoracic shift. Knees and toes were normal bilaterally, arches were pronated-flat bilaterally. Examination revealed tender left lumbar spine and left buttock. Examination of the lumbosacral spine: Range of Motion Flexion 60, Extension 15, Right tilt 30, Left tilt 30. Reflexes Ankle Jerk Absent bilaterally, Knee Jerk Absent bilaterally, Babinski Negative. Sensation was normal to pinprick and light touch in both lower extremities. Motor power was equal and symmetrical bilaterally with manual stress testing. Thigh girth 42 cm bilaterally, knee girth 36 cm bilaterally, calf girth 33 cm bilaterally. Examination of the left knee: There was pain on palpation at the anteromedial and poerior aspect of the left knee.

There was no pain on palpation of the ligaments bilaterally. Varus, valgus alignment was 6 degrees bilaterally. Temperature was normal bilaterally. Mild lateral crepitation on the left, no crepitation on the right. Patella mobility was free bilaterally. No effusion bilaterally. Range of Motion Flexion 120, Extension 0. Lachman negative. Pivot shift equivocally positive. McMurray test equivocally positive. X-rays of Lumbosacral Spine: The AP view revealed no tilt and no rotation. There was no spina bifida occulta. The lateral view revealed decreased lordosis and a sacrolumbar angle of 60 degrees with spondylolisthesis at L4-5 grade I. Moderate disc space narrowing at L3-4 and L4-5 with no osteophytes visualized. The spot lateral view revealed no additional findings. X-rays of the left knee showed no fractures. A small proximal tibial cyst. No calcifications. Diagnosis: Lumbosacral spine sprain-strain, Left lumbar radiculitis - no radiculopathy, Lumbar spondylosis - grade L4-5 listhesis, Left hamstring strain, Left knee internal derangement. Consulting physician report 12/04/2013 orthopedic surgeon [REDACTED] documented physical examination findings: gait antalgic, left knee 0-110 flexion, medial and lateral joint line tenderness left knee. "PT ineffective up to this point. May also have meniscal tear L knee as per PE. Offered injection/PT for L knee - declined." "PT not helpful." Patient had symptoms of hamstring strain/sprain/tear/pain at ischial tuberosity left side. Pain radiates down posterior thigh to knee. Complaint of left ischial tuberosity pain going distal. Sensation intact to light touch L2 to S2. Back exam non-tender without pain upon flexion/extension/lateral bending. Utilization review dated 01-09-2014 recommended non-certification of request for physical therapy, MRI lumbar spine, MRI left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWEEK X3WEEKS #9 FOR LUMBAR /SACRAL AND LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) recommends Physical Therapy (PT) 8-10 visits. Primary treating physician initial orthopedic evaluation report 01-02-2014 documented that the patient had 12 physical therapy sessions with partial improvement. Consulting physician report 12/04/2013 orthopedic surgeon [REDACTED] documented: "PT ineffective up to this point. May also have meniscal tear L knee as per PE. Offered injection/PT for L knee - declined." "PT not helpful." Medical records documented that the patient has completed 12 physical therapy visits. Patient reported that physical therapy was ineffective. MTUS guidelines and medical records do not support the medical necessity of additional visits of physical therapy. The request for additional physical therapy visits would exceed MTUS guideline recommendations. Therefore, the request for physical therapy 3xweek x3weeks #9 FOR lumbar /sacral and left knee is not medically necessary.

MAGNETIC RESONANCE IMAGES LUMBAR/SACRAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 309) Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints recommended MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 303-304) Special Studies and Diagnostic and Treatment Considerations: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Doctor's first report of occupational injury 08-30-2013 documented a primary diagnosis of strain of hamstring muscles. Primary treating physician initial orthopedic evaluation report 01-02-14 documented orthopedic examination: She stands with straight posture. Shoulders level, head and neck straight, waistline equal and there was no thoracic shift. Examination of the lumbosacral spine: Range of Motion Flexion 60, Extension 15, Right tilt 30, Left tilt 30. Sensation was normal to pinprick and light touch in both lower extremities. Motor power was equal and symmetrical bilaterally with manual stress testing. Thigh girth 42 cm bilaterally, knee girth 36 cm bilaterally, calf girth 33 cm bilaterally. X-rays of Lumbosacral Spine: The AP view revealed no tilt and no rotation. The lateral view revealed decreased lordosis and a sacrolumbar, angle of 60 degrees with spondylolisthesis at L4-5 grade I. Moderate disc space narrowing at L3-4 and L4-5 with no osteophytes visualized. The spot lateral view revealed no additional findings. Diagnosis: Lumbosacral spine sprain-strain, Left lumbar radiculitis - no radiculopathy, Lumbar spondylosis - grade L4-5 listhesis, Left hamstring strain. Consulting physician report 12/04/2013 by orthopedic surgeon documented physical examination findings: Back exam non-tender without pain upon flexion, extension, lateral bending. Sensation intact to light touches L2 to S2. Medical records have no evidence of cauda equina, tumor, infection, or fracture. Motor power and sensation were normal, with no radiculopathy. Per MTUS and ACOEM guidelines, the medical records do not support the medical necessity of lumbosacral spine MRI. Therefore, the request for magnetic resonance images lumbar/sacral is not medically necessary.

MAGNETIC RESONANCE IMAGES LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-336, 346-347.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints states that MRI test of the knee is indicated only if surgery is contemplated. Doctor's first report of occupational injury 08-30-2013 documented a primary diagnosis of strain of hamstring muscles. Primary treating physician initial orthopedic evaluation report 01-02-14 documented orthopedic examination: She stands with straight posture and walks with slight cautious gait with left lower extremity. Shoulders level, head and neck straight, waistline equal and there was no thoracic shift. Knees and toes were normal bilaterally; arches were pronated-flat bilaterally. Sensation was normal to pinprick and light touch in both lower extremities. Motor power was equal and symmetrical bilaterally with manual stress testing. Examination of the left knee: There was pain on palpation at the anteromedial and posterior aspect of the left knee. There was no pain on palpation of the ligaments bilaterally. Varus, valgus alignment was 6 degrees bilaterally. Mild lateral crepitation on the left, no crepitation on the right. Patella mobility was free bilaterally. No effusion bilaterally. Range of Motion Flexion 120, Extension 0. Lachman negative. Pivot shift equivocally positive. McMurray test equivocally positive. X-rays of the left knee showed no fractures. A small proximal tibial cyst. No calcifications. Medical records do not document that left knee surgery is contemplated. Physical examination was equivocal. MTUS and ACOEM guidelines and medical records do not support the medical necessity of MRI of left knee. Therefore, the request for magnetic resonance images left knee is not medically necessary.