

Case Number:	CM14-0013890		
Date Assigned:	02/26/2014	Date of Injury:	10/18/2012
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery, and is licensed to practice in California, Texas, Oklahoma, and Tennessee. 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 injured worker is a 37-year-old male who sustained an injury to his low back on 10/18/12 when he was struck in the back and left leg by a delivery truck. The injured worker complained of neck pain traveling into his bilateral arms/hands with associated numbness and tingling. The injured worker complained of low back pain with episodes of numbness/tingling in his legs/feet. He reported continuous pain in the legs with associated numbness/tingling that he felt was traveling from his low back. He also noted intermittent abdominal pain. Plain radiographs of the lumbar spine were reportedly negative. The records indicate that the injured worker has completed physical therapy for the lumbar spine three times a week for 5-6 months that provided only temporary relief. Other treatment has included anti-inflammatory agents, pain medication and office visits. He was diagnosed with a contusion of the left leg and thigh, low back pain hematoma the right thigh, positive piriformis and-rule out acute chondromalacia patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter; MRI's (magnetic resonance imaging)

Decision rationale: The request for MRI of the left knee is not medically necessary. There was no mention that a surgical intervention was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no other significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the left knee has not been established. Recommend non-certification.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. There was no mention that a surgical intervention was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no other significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the lumbar spine has not been established. Recommend non-certification.

PHYSICAL THERAPY: 8 SESSIONS FOR THE LEFT KNEE AND LUMBAR SPINE:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Physical medicine treatment.

Decision rationale: The request for physical therapy times eight visits for the left knee and lumbar spine is not medically necessary. Records indicate that the injured worker has completed physical therapy at intervals of three times a week for 5- 6 months that provided only temporary relief. The ODG recommends up to 10 visits over eight weeks for the diagnosed injuries with allowing for fading of treatment frequency, from up to three visits per week to one or less, plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There is no additional significant objective clinical information that supports the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for

review, medical necessity of the request for physical therapy times eight visits for the left knee and lumbar spine has not been established. Recommend non-certification.