MAXIMUS Federal Services

Case Number:	CM14-0121708		
Date Assigned:	09/16/2014	Date of Injury:	02/21/2013
Decision Date:	12/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/01/2014

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 applicant is a represented [redacted] employee who has a filed a claim for chronic knee pain reportedly associated with an industrial injury of February 21, 2013. The applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course the claim. In a Utilization Review Report dated July 8, 2014, the claims administrator failed to approve a request for eight sessions of physical therapy and denied a knee magnetic resonance imaging (MRI). The claims administrator stated that it denials were based on progress notes of September 11, 2014, and June 18, 2014. The applicant's attorney subsequently appealed; however, the claims administrator medical evidence log only apparently included progress note up to June 18, 2014, suggesting that the most recent progress note of September 11, 2014, was not incorporated into the independent medical review packet. In a March 17, 2014 progress note, the applicant reported complaints of neck, shoulder, hip, and knee pain. The applicant was participating in physical therapy and doing home exercises, as stated at this point in time. The applicant was status post shoulder arthroscopy with manipulation under anesthesia for surgery, it was incidentally noted. Eight sessions of physical therapy for the knee and wrist were endorsed, while the applicant was placed off of work, on total temporary disability, for an additional six weeks. On June 18, 2014, the applicant reported persistent complaints of left shoulder, elbow, wrist, and knee pain, 5/10. Knee pain was appreciated with kneeling, squatting, and crunching activities. The applicant was 52 years old, it was acknowledged, as of this point in time. 103 degrees of knee range of motion was noted. The applicant did exhibit normal stability of the medial and lateral collateral ligaments. MRI imaging of the knee was endorsed, along with the psychological evaluation, and eight additional sessions of physical therapy. The applicant was placed off of work, on total temporary disability.

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:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) Guideline and American College of Occupational and Environmental Medicine (ACOEM) Chapter 13, Table 13-2, page 335, acknowledge that magnetic resonance imaging (MRI) imaging can be employed for a variety of purposes, including to confirm a diagnosis of collateral ligament tear, confirm a diagnosis of meniscal tear, confirm a diagnosis of anterior and/or posterior cruciate ligament tear, etc., ACOEM qualifies its position by noting that MRI imaging is typically indicated only if surgery is being contemplated or considered. Here, however, there was/is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the injured knee on or around the date in question. It was not stated how the proposed knee MRI would influence the treatment plan. It was not stated what was sought. It was not stated what was suspected. Therefore, the request is not medically necessary.

Physical therapy for two (2) times weekly for four (4) weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343,Chronic Pain Treatment Guidelines Passive therapy, Physical medicine guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Knee & Leg chapter, physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; Functional Restoration Approach to Chronic Pain Management section Page. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the California MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in the order to justify continued treatment. Here, however, the applicant is off of work, despite having had earlier physical therapy in unspecified amounts over the course of the claim including several sessions of physical therapy in late 2014 alone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite extensive prior

physical therapy in 2014. Therefore, the request for additional physical therapy is not medically necessary.