

Case Number:	CM14-0129137		
Date Assigned:	08/18/2014	Date of Injury:	06/04/2009
Decision Date:	09/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 46 year old female with a reported date of Injury on 6/4/2009. The claimant complains of persistent bilateral knee & low back pain. The office notes of 6/5/14 and 7/24/14 appears to document only the persistence of subjective pain but no new objective findings are enumerated. There are requests for updated bilateral knee MRI and updated lumbar MRI. In addition, there is a request for additional physical therapy 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

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

Decision rationale: The claimant has had previous MRI of the knees which are not available for review. However the claimant has minimal joint line tenderness noted to be persistent following the date of injury. There are no new objective orthopedic findings for either knee to warrant repeat MRI. The request is not medically necessary for either knee and is not supported by any new

orthopedic findings. Repeat MRI for purposes of updating are not medically necessary. These requests for bilateral knee MRI's remain not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Low Back.

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, MRI.

Decision rationale: The claimant has had previous MRI of the lumbar spine. It is not available for review. However the claimant has minimal subjective lumbar paraspinal tenderness noted to be persistent following the date of injury of 2009. There are no new objective neurologic findings for motor, sensory or deep tendon reflex losses to warrant repeat MRI. The request is not medically necessary for the lumbar spine and is not supported by any new neurologic findings. The Official Disability Guidelines support repeat MRIs when there are significant new objective findings. Repeat MRI for purposes of updating are not medically necessary. The request for updated lumbar MRI remain Non-certified.

Physical Therapy 2x times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy.

Decision rationale: The claimant has been afforded multiple sessions of physical therapy such that she should have consolidated those gains by compliance with a self directed active Home Exercise Program. There is no documentation of the claimant compliance with and results from a self directed home exercise program. The claimant is well into the chronic phase of care and there are no new neurologic or objective physical findings to warrant repeat physical therapy. Persistence in monitored physical therapy without objective findings will only engender physician/therapist dependence. The claimant should do just as well with a self directed Home exercise program of which she has been taught.