

<b>Case Number:</b>	CM14-0131038		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 patient is a 32-year-old male who has submitted a claim for previous history of right hand carpal tunnel release with postoperative physical therapy, MRI studies of the bilateral knees showing mild chondromalacia with patellofemoral compartment as well as the medial and lateral weightbearing surfaces, and left ulnar neuritis with lateral epicondylitis associated with an industrial injury date of June 27, 2013. Medical records from 2014 were reviewed. The patient complained of left elbow and bilateral knee pain. The left elbow pain has numbness and tingling down the fourth and fifth digit. The bilateral knee pain was worse with prolonged weight-bearing activities. Physical examination showed tenderness of the medial epicondyle, lateral epicondyle as well as the olecranon bursa. He has subluxable ulnar nerve with positive Tinel's at the cubital tunnel. He has pain with resisted wrist flexion and extension. Bilateral knee examination showed full range of motion. There was positive patellofemoral crepitation on the right. Special orthopedic tests for both knees were negative. MRI of the left knee, dated June 27, 2014, revealed mild patellofemoral chondromalacia, and medial and lateral compartment mild chondromalacia. MRI of the right knee dated July 27, 2014 showed mild patellofemoral chondromalacia, and mild chondromalacia of the medial and lateral central weight-bearing compartment. Treatment to date has included medications, physical therapy, activity modification, and right carpal tunnel release. Utilization review, dated August 5, 2014, denied the request for outpatient MRI of the left elbow without contrast because MRI is not recommended for routine evaluation of acute, subacute, or chronic elbow joint pathology; and denied the request for physical therapy to bilateral knees two times three (2 x 3) weeks because there was absence in documentation noting that the patient has any significant findings on exam other than pain and tenderness.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI left elbow w/o contrast as out-patient:** 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), Elbow Chapter, MRI.

**Decision rationale:** CA MTUS does not specifically address elbow MRIs. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that indications for elbow MRI include chronic elbow pain with suspicion of chronic epicondylitis, collateral ligament tear, biceps tendon tear, or nerve entrapment or mass, when plain films are non-diagnostic. In this case, the rationale for the request was to rule out any sort of internal derangement as the patient has persistent symptoms with regards to the left elbow. Although physical findings showed possible epicondyle pathology of the left elbow, the medical records failed to provide radiographs showing non-diagnostic results. There was also no discussion regarding the indication for proceeding immediately with an MRI when a plain radiograph of the left elbow has not yet been done. There is no clear indication for an MRI at this time. Therefore, the request for MRI left elbow w/o contrast as out-patient is not medically necessary.

### **Physical therapy bilateral knees 2x6 QTY: 12:** Upheld

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

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In addition, Official Disability Guidelines state that for chondromalacia of patella, a total of 9 visits over 8 weeks are recommended. In this case, the patient has bilateral knee pain that was worse with prolonged weight bearing activities. MRI of both knees dated July 27, 2014 showed patellofemoral chondromalacia. The rationale for the request was to work on strengthening as well as range of motion exercises. However, physical examination showed full range of motion and no mention about motor weakness of both knees. Progress reports were insufficient to establish necessity for

the said treatment. Furthermore, the present request would exceed the recommended number of physical therapy sessions. Therefore, the request for Physical therapy bilateral knees 2x6 QTY: 12 is not medically necessary.