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| Case Number: | CM14-0133759 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 08/04/2010 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 44 year old female with a work injury dated 8/4/10. The diagnoses include L5-S1 herniated nucleus pulposus; thoracic sprain; lumbar radiculopathy; possible CSF (cerebrospinal fluid) posterior to thoracic cord; facet arthropathy of the lumbar spine. Under consideration is a request for 8 physical therapy sessions, General orthopedic consultation with [REDACTED] with MPN list, and Right knee brace (wrap around hinged brace XL). There is a primary treating physician report dated 6/24/14 that states that the patient has had a bilateral lumbar medial branch block at L4-5 and L5-S1 from 2/13/2014 which she feels provided no relief and made her pain worse. The patient describes that since the injection, she experiences numbness in both arm and hands, pains in her stomach, and weakness. She has previously completed 15 sessions acupuncture, which provided no relief. She states that past chiropractic treatment two visits increased her pain. On 6/12/2014 the patient had a transforaminal epidural steroid injection to the right L4 and LS nerve roots, which significantly helped to decrease her pain by 50%. She states this is still helping to decrease her pain. She has been denied an internal medicine consult for elevated liver enzymes, sleep, headaches, and sexual dysfunction as this is not an approved body part to her claim. She has tried acupuncture therapy and this did not provide any benefit. She has also had chiropractic physiotherapy in the past which did not help either. She has had aqua therapy which she states her back would become more painful after the therapy. She has not had physical therapy and would like to try this at this time. The patient last worked in 2011. Treatment to date includes 15 sessions of acupuncture therapy, no reduction in pain. Two sessions of chiropractic therapy increased her pain. Transforaminal epidural steroid Injection decreased pain by 50%. Medial branch block bilateral L4-5 and L5-S1 on 2/13/2014 increased pain. The patient continues to complain of low back pain at 8/10 on the pain scale, with radiation

of pain and numbness in the right lower extremity going to her foot. She states that she fell on her right knee yesterday after the injection. She states she could not stop. She states that her knee "popped out." She notes that she developed lots of pain in the right knee and felt like it popped. On physical exam her gait is significantly antalgic with the use of a single point cane. Tenderness to palpation to lumbar paraspinals and facet joints. Positive facet challenge bilaterally in the lumbar spine. Decreased range of motion in all planes of the lumbar spine with increased pain with lumbar extension. Decrease sensation right L4, L5 and S1 dermatomes. Motor exam 5-/5 left tibialis anterior. 4+/5 bilateral EHL. 5-/5 right inversion, plantarflexion, and eversion. Straight leg raise on the right reproduces pain in the foot. Positive slump test on the right. Injection site is clean and intact, no sign of infection. There is bruising to the right knee with minor swelling. There is a positive McMurray's test. ACL, PCL, MCL, and LCL ligaments are stable. Lumbar MRI imaging dated 3/4/14, Impression: 1. Disc desiccation at L2-3 through L5-S1; 2. Straightening of the lumbar lordotic curvature which may reflect an element of myospasm; 3. L2-3: Broad-based posterior disc herniation indenting the thecal sac with concurrent hypertrophy of facet joints which cause stenosis of the left neural foramen; 4. L4-5: Focal disc herniation indenting the thecal sac with concurrent hypertrophy of facet joints which cause stenosis of the bilateral neural foramen; 5. L5-S1: Focal left paracentral disc herniation indenting the thecal sac which causes stenosis of the left lateral recess with contact of the left S1 transiting nerve roots. Concurrent hypertrophy of facet joints causes stenosis of the bilateral neural foramen that contacts the left L5 exiting nerve roots. A 6/6/13 AME indicates that the patient has reached permanent and stationary status. Under future medical care, she was said to be provided with access to future medical care including office visits, medications, lumbosacral bracing, medial branch blocks of the facets and potential radiofrequency rhizotomy. The treatment plan included that due to the patient's fall, she was provided with a right knee brace. There is a request for a general orthopedic consultation to evaluate her right knee complaints since the fall. This is to determine if there is an industrial component to the injury as a result of her weakness from her low back. She should continue with a home exercise program as tolerated. She was requested to have Physical therapy 2 times a week for 4 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions: Upheld

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

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

Decision rationale: The MTUS guidelines recommend a transition to a home exercise program. The documentation indicates the patient has had prior physical therapy for her low back without significant benefit. Additionally, the request does not specify a body part for this therapy. The request of 8 physical therapy sessions is not medically necessary.

General orthopedic consultation with [REDACTED] with MPN list: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits

Decision rationale: The ACOEM MTUS knee chapter states that referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. The documentation indicates that the patient had a fall one day prior to when the request for a consult was made. There were no red flag findings and the patient did not have a trial of conservative care. A request for a general orthopedic consultation with [REDACTED] with MPN list is not medically necessary per the MTUS and the ODG guidelines.

Right knee brace (wrap around hinged brace XL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee- Knee brace

Decision rationale: The ODG states that a prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture. The MTUS ACOEM guidelines state that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. The documentation does not reveal any evidence of the above indications for knee bracing. Therefore, the request for a right knee brace (wrap around hinged brace XL) is not medically necessary per the MTUS and the ODG guidelines.