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| Case Number: | CM14-0151940 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 07/16/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/17/2014 |

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 & Rehabilitation, 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 53 year old male who was injured on 07/16/2013 when he slipped and fell on both knees. He underwent right knee arthroscopy with medial meniscectomy, chondroplasty, major synovectomy, excision of medial synovial plica as well as Synvisc injection to the left knee on 11/07/2013. Prior medication history included Norco and Naprosyn. Progress report dated 08/12/2014 documented the patient to have complaints of low back pain with radiation to the bilateral lower extremities, left greater than right. On exam, he had tenderness to palpation over the paraspinal muscles of the lumbar spine. He was diagnosed with low back pain sciatica. He was recommended to obtain a MRI of the lumbar spine and 10 sessions of physical therapy for the lumbar spine. Prior utilization review dated 09/02/2014 states the request for Physical Therapy 10 Sessions Lumbar Spine and MRI Lumbar Spine is not certified as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 10 SESSIONS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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: CA MTUS: Physical Medicine 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. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, Neuritis, and Radiculitis, 8-10 visits over 4 weeks. There does not appear to be any history or evidence of an injury to the lumbar spine. There is no evidence for motor strength deficits or notable limitations with functional ADLs. The medical records do not establish the request for physical therapy to the lumbar spine is medically necessary. Therefore, this request is not medically necessary.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, MRIs (magnetic resonance imaging). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (Magnetic resonance imaging)

Decision rationale: According to the ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The medical records do not establish progressive neurological deficit, there is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. There is no documentation of an abnormal neurological examination. A lumbar MRI is not supported by the guidelines, the request is not medically necessary.