

Case Number:	CM14-0152930		
Date Assigned:	09/23/2014	Date of Injury:	06/20/2006
Decision Date:	10/28/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 Preventive Medicine has a subspecialty in OCCUPATIONAL Medicine 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 52 year old female with a work related injury on 06/20/2006. During a 07/ 25/2014 visit to the doctor, the injured worker was complained of progressively worsening pain in the neck, right knee and right ankle. Additionally, the injured worker complained of ankle swelling. The physical examination revealed cervical tenderness; tenderness in the bilateral trapezius and levator muscles; mild swelling in the medial aspect of the right knee. The knees were stable, but made crepitant sounds. There was knee pain with weight bearing, as well as bilateral ankle swelling with effusion. Previous Knee MRI revealed extensive fraying, synovitis, and partial tearing of structural elements. The injured worker has been diagnosed of Cervical strain status 2 -level cervical fusion; Cervical-Occipital headaches; Left shoulder sprain with rotator cuff tendinitis and partial tearing; recurring right shoulder secondary tendinitis; right knee sprain; with probable recurrent internal loose bodies. The medical records reported that the injured worker had previously benefited from arthroscopy, debridement and removal of loose bodies; right foot and ankle worsening after ankle contusion 05/15/2010. Treatment include Failed trigger point injections; physical therapy; neck surgery; Bilateral C7-T1 medial block in 02/08/2013, followed by Right cervical radiofrequency ablation provided 70% improvement in pain; Diazepam; Norco, and Hydromorphone. At dispute are the requests for MRI (magnetic resonance imaging) of the Knee; and Rt C7-T1 Radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

Decision rationale: The injured worker sustained a work related injury on 06/20/2006. The medical records provided indicate the diagnosis of Cervical strain status 2 -level cervical fusion; Cervical-Occipital headaches; Left shoulder sprain with rotator cuff tendinitis and partial tearing; recurring right shoulder secondary tendinitis; right knee sprain; with probable recurrent internal loose bodies. Treatments have included arthroscopy, debridement and removal of loose bodies; right foot and ankle worsening after ankle contusion 05/15/2010. Treatment include Failed trigger point injections; physical therapy; neck surgery; Bilateral C7-T1 medial block in 02/08/2013, followed by Right cervical radiofrequency ablation which provided 70% improvement in pain; Sumatriptan; Prozac; Metoprolol; Diazepam; Norco, and Hydromorphone. The medical records provided for review do not indicate a medical necessity for MRI (magnetic resonance imaging) of the Knee. The MTUS recommends against reliance only on imaging studies to evaluate the source of knee symptoms as this may carry a significant risk of diagnostic confusion. The records revealed the injured worker had a previous MRI of the knee; also, the medical records did not provide detailed information of knee examination. Therefore the request for repeat MRI of the knee is not medically necessary.

Rt C7-T1 Radiofrequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Criteria for use of cervical facet radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) << Neck and Upper Back (Acute & Chronic)>>, < Facet joint radiofrequency neurotomy. > Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2011) < Cervical and Thoracic Spine Disorders>, page(s) <Online Edition>

Decision rationale: The injured worker sustained a work related injury on 06/20/2006. The medical records provided indicate the diagnosis of Cervical strain status 2 -level cervical fusion; Cervical-Occipital headaches; Left shoulder sprain with rotator cuff tendinitis and partial tearing; recurring right shoulder secondary tendinitis; right knee sprain; with probable recurrent internal loose bodies. Treatments have included arthroscopy, debridement and removal of loose bodies; right foot and ankle worsening after ankle contusion 05/15/2010. Treatment include Failed trigger point injections; physical therapy; neck surgery; Bilateral C7-T1 medial block in 02/08/2013, followed by Right cervical radiofrequency ablation provided 70% improvement in pain; Diazepam; Norco, and Hydromorphone. The medical records provided for review do not

indicate a medical necessity for Rt C7-T1 Radiofrequency ablation (neurotomy). While the MTUS recommends Radio-frequency neurotomy(ablation) as an optional treatment for neck and upper back complains, the ACOEM guidelines has no recommendation for or against it, while the Official Disability guidelines recommends against performing this procedure in patients who have had a previous fusion procedure at the planned injection level. Although the medical records reported the injured worker had a 2-level cervical fusion, there was no mention of the levels of the fusion in the records reviewed. Therefore this request is not medically necessary.