

Case Number:	CM14-0153589		
Date Assigned:	09/23/2014	Date of Injury:	12/31/2013
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 51 years old male with an injury date on 12/31/2013. Based on the 08/12/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar strain/strain; know lumbar disc disease; 2. Left knee sprain/strain/Left knee arthropathy; 3. (Hx of left knee meniscectomy 2011). According to this report, the patient complains of low back pain "is flaring today" and right hip/ thigh are painful. Symptoms are aggravated by walking on uneven surface. Physical exam reveals lumbar range of motion is 50% of expected. Knee joint and ankle joint is symmetric and hyporeflexic. Equivocal blunting of pin/light touch is noted at the right thigh in L5-S1 distributions. Bossing appearance is noted at left knee joint. MRI of the lumbar spine on 07/29/2014 reveals mild facet joint hypertonic and minimal diffuse disc bulge at L3-L4; focal disc protrusion compatible with a small contained herniation and mild left side foraminal encroachment at L4-L5; and central annular tear versus small central contained herniation at L5-S1. There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2014 to 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Excessive Therapy Page(s): 98, 99, 8.

Decision rationale: According to the 08/12/2014, report by [REDACTED] this patient presents with low back pain "is flaring today" and right hip/ thigh are painful. The physician is requesting 8 sessions of physical therapy for lumbar spine. The utilization review denial letter indicates that the patient had 8 sessions of therapy but time frame is not known. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports do not show a discussion regarding patient's treatment history and why the patient requires additional formalized therapy. There is no discussion as to how the patient responded to the 8 sessions of therapy the patient apparent had. Given the lack of discussion regarding the patient's progress and response to prior therapy, and that MTUS allows only 10 sessions for this type of condition. Therefore, the request for physical therapy for lumbar quantity: 8 is not medically necessary and appropriate.

Referral: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

MRI of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, MRI's (magnetic resonance imaging)

Decision rationale: According to the 08/12/2014, report by [REDACTED] this patient presents with low back pain "is flaring today" and right hip/ thigh are painful. The physician is requesting MRI of the left knee "to assess for arthropathy/ recurrent meniscal." ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative

care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. ODG states that an MRI is reasonable if internal derangement is suspected. In this case, the patient had left knee surgery and continues to be symptomatic. Given that the patient has not had an MRI of the left knee following surgery, updated MRI appears reasonable. Therefore, the request for MRI of the left knee is medically necessary and appropriate.