

<b>Case Number:</b>	CM14-0023009		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 injured worker is a female with date of injury 4/2/2008. Per secondary treating physician's re-evaluation after P&S request authorization for MRIs, the injured worker complains of bilateral knee pain. Prior to her industrial injury she reports no difficulty with performing activities of daily living or activities of self care. She now complains of left sided neck pain, low back, bilateral hands/wrists, bilateral knee and bilateral ankle pain. She can look after herself normally but with increased discomfort. She reports that she can only lift and carry very light objects with her hands. The most strenuous level of activity that she can perform for at least two minutes is light activity due to bilatearl hand and neck pain. She reports that becaouse of her injury and discomfort, this prevents her from walking more than one mile. She has some difficulty with climbing one flight of stairs in her knees. She has some difficulty with sitting for 30 minutes to one hour and has a lot of difficulty sitting for two hours. She has no difficulty standing or walking for 30 minutes to an hour and a lot of difficulty standing or walking for up to two hours. She has no difficulty reaching reaching and grasping objects from a shelf located at eye level or overhead. She has some difficulty performing pulling activities with her hands. She has some difficulty with gripping, grasping, holding and manipulating objects with her hands. She has some difficulty performing repetitive motions such as typing and a lot of difficulty performing forceful activities with her arms or hands. She has a lot of difficulty with kneeling, bending or squatting. She describes her neck, low back, bilateral knees, bilateral hands and bilateral ankle pain as moderate at the moment and most of the time her pain is moderate to severe. She reports that her sleep is slightly disturbed since her injury. Her pain interferes all of the time with her ability to travel, and engage in social or recreational activities. Her ability to concentrate and think is affected some of the time. She experiences severe depression and anxiety as a result of the injury or discomfort, all of the time. On exam cervical spine has reduced range of motion in

all planes with no complaints of increasing pain towards terminal range of motion. Bilateral shoulder exam was normal. Bilateral elbow exam was normal. Bilateral hand and wrist exam was normal. Bilateral knee exam revealed small effusion of both knees and tenderness along the medial joint line of both knees. McMurray's test was positive in both knees. Bilateral ankle and foot exam was normal. Neurologic exam was normal. Diagnoses include 1) status post bilateral thumb basal joint arthroplasties with subsequent bilateral thumb metacarpophalangeal joint arthrodesis 2) rule out medial meniscal tears, bilateral knees.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ADDITIONAL PHYSICAL THERAPY 3 X 6 TO THE CERVICAL SPINE AND BILATERAL KNEES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 178, 343, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** It is noted in some of the clinical documents reviewed that there is minimally reduced cervical range of motion without pain or complaint of dysfunction, and bilateral knee pain with minimal reduced function. Bilateral knees have mild effusion, midline joint tenderness and positive McMurray's, suggesting possible medial meniscal injury. Physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is recommended by the MTUS guidelines. This injured worker may need some physical therapy as she has some functional limitations from her knee pain and may be a surgical candidate for possible medial meniscal injury, but the request should be accompanied by previous participation and efficacy of physical therapy. These guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency as the guided therapy becomes replaced by a self-directed home exercise program. Additionally, the MTUS guidelines recommend recommend 9-10 visits over 8 weeks for myalgia and myositis. The request for additional physical therapy 3x6 to the cervical spine and bilateral knees is determined to not be medically necessary.

#### **MRI OF THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 178, 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The injured worker complains of left sided neck pain, and there are no complaints of radiculopathy or neurological deficits. She has minimally reduced range of motion

in her cervical spine as identified in the physical exam. There is no complaint of pain at terminal movement and Spurling's maneuver is negative. Per the ACOEM guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergent or a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. An MRI is not likely to provide a benefit for the injured worker in her present condition and treatment plan. The request for MRI of the cervical spine is determined to not be medically necessary.

**MRI OF BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 178, 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

**Decision rationale:** The injured worker is noted to complain of bilateral knee pain. There are no complaints of dysfunction of the knees, such as locking or catching, and functional limitations are minimal. On exam of the bilateral knees there is minimal effusion, medial joint line tenderness, and positive McMurray's. There is no mechanism of injury to suggest medial meniscus injury, and it would be unusual to have bilateral meniscal injuries with these physical exam findings. There is also no documentation of discussion with the injured worker regarding the consideration of surgery for medial meniscus repair. The ACOEM guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The request for MRI of the bilateral knees is determined to not be medically necessary.