

Case Number:	CM14-0048859		
Date Assigned:	06/25/2014	Date of Injury:	04/23/2002
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 underlying date of injury in this case is 04/23/2002. The reference diagnosis is sprain of the shoulder/arm. On 02/18/2014, the primary treating physician saw the patient in routine follow-up evaluation. The patient continued to report pain not only in the shoulder but also ongoing worsening pain in the knees. It was presented that the patient had bilateral knee pain which was sharp, stabbing, and with swelling and increased with any activity. The patient also reported popping and clicking when going up and down stairs. Overall the patient was noted to have right shoulder impingement with rotator cuff symptomatology as well as a cervical strain with a possible disc herniation and a lumbar strain and possible anterior and posterior cruciate ligament tears in the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends to transition to an active independent home rehabilitation program. The current request would exceed the guidelines without a clear rationale as to why this case would be an exception. This request is not supported by the medical guidelines. This request is not medically necessary.

1 MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: ACOEM Guidelines, Chapter 13, page 343, states reliance on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion due to false positives. The medical records do not provide a detailed explanation as to the rationale for knee, particularly bilateral knee, studies. This request is not supported by the treatment guidelines. This request is not medically necessary.

1 surgical evaluation 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 Official Disability Guidelines: Knee & Leg (Acute & Chronic).

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).

Decision rationale: ACOEM Guidelines states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This reasoning does support the request for an additional surgical evaluation of the left knee given the patient's ongoing symptoms and concern about potential internal derangement. This request is medically necessary.