

Case Number:	CM14-0073839		
Date Assigned:	07/16/2014	Date of Injury:	06/01/2012
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 patient is a 29 year old male who sustained an industrial injury on 6/01/2012, due to cumulative trauma. The patient describes developing painful condition in the left knee, while performing work duties, then compensatory right knee complaints, and also experienced episodic low back pain. He attended ProActive PT in June or August 2013 through October 2013, which worsened/exacerbated his knee pain. According to Permanent and Stationary report from ProActive dated 10/30/2013, the patient has reached MMI and is permanent and stationary with no objective or subjective factors of residual disability. He is working and performing regular duties, fully and customarily without difficulty. The patient's complaints are less than minimal and only occasional in nature, there are no further objective signs of disability, future medical care is not indicated. The patient is discharged from care. An MRI of the left knee on 1/22/2014 provided the impression: suspect anterior cruciate ligament sprain or partial tear involving the proximal posterolateral band. Please correlate for ACL insufficiency. The patient was seen for PTP re-evaluation on 4/23/2014. He denies any new injuries or re-injury since last evaluation. He complains of occasional low back pain rated 1-3/10, intermittent right knee pain rated 4-7/10, and constant right knee rated 6-10/10; pain levels are dependent on activity. On physical examination, he has obvious discomfort, changes position frequently, tenderness of lumbar paraspinal muscles, pain reported with low back and knee ROM testing, normal stance, ambulates with slow gait pattern with limp favoring left lower extremity, able to heel/toe walk and fully squat with complaint of bilateral knee pain, normal ROM of the lumbar and lower extremities, 5/5 motor strength, normal sensation, tenderness and crepitation of bilateral patellofemoral joints, tenderness of bilateral medial joint line. Per the report, an MRI of the right knee 1/22/2014 revealed impression: 1. Mild to moderate joint effusion. Radiographs of right knee 1/08/2014 revealed impression: 1. Negative for recent fracture or gross osteopathy as

visualized. 2. Joint margins are within normal limits. 3. No soft tissue masses visualized. Radiographs of left knee 1/08/2014 revealed impression: 1. Negative for recent fracture or gross osteopathology as visualized. 2. Joint margins are within normal limits. 3. No soft tissue masses visualized. The diagnostic impressions: 1. Cumulative trauma from repetitive motion; 2. Lumbar spine strain/sprain; 3. Lumbar spine myalgia; 4. Right knee patellofemoral syndrome; 5. Rule out right knee internal derangement; 6. Left knee patellofemoral syndrome; and 7. Rule out left knee internal derangement. An MRI with Arthrogram of the right knee on 5/15/2014 provided the impressions: 1. Mucoïd degeneration throughout the lateral meniscus and within the posterior horn of the medial meniscus. 2. No other significant findings noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiographic exam, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Radiography (x-rays).

Decision rationale: According to the guidelines, routine x-rays are not recommended in the absence of red flags. Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The medical record do not reveal any evidence of serious pathology. The patient's diagnosis is lumbar sprain/strain. He describes occasional mild pain with activities. The physical examination is essentially unremarkable. There is no evidence of any potential red flag diagnosis. The purpose of obtaining x-rays of the lumbar spine in this case is unclear. The medical necessity of the request has not been established.

MR-Arthrogram, bilateral knees quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) knee and leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR arthrography.

Decision rationale: The CA MTUS ACOEM guidelines note that MRIs are superior to arthrography for both diagnosis and safety reasons. According to the Official Disability Guidelines, MR Arthrography is only recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. This patient does not have any history of prior knee surgery. In addition, he has already

undergone MRI of the bilateral knees. A valid rationale and medical necessity of obtaining MR arthrography is not substantiated by the medical records, and is not supported by the guidelines.

Continued Care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: According to the guidelines, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Request has been submitted for continued care. However, the medical record does not clarify or specify what form(s) of treatment is being request as part of continued care. A treatment plan or treatment recommendations have not been documented in the medical report. In the absence of any documented specific plan for continued care, the medical necessity of this request has not been established by the medical records provided.

Aquatic Therapy, 3 times a week, lumbar spine, bilateral knees Quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 99. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) low back, knee and leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to CA MTUS, Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic therapy may be recommended for individuals with certain circumstances where limited weight-bearing is required. That is clearly not the case of this patient. The patient is able to fully bear weight, he has full ROM of the lumbar and bilateral lower extremities, and full motor strength. He has attended PT in past, and at this juncture, the patient should be utilizing a self-directed home exercise program. The request for Aqua therapy is not supported by the medical records and guidelines, and is not medically necessary.