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| Case Number: | CM14-0083676 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 03/31/2011 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 05/13/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 65 year old with a work injury dated 3/31/11. The diagnoses include bilateral shoulder chronic strain, subacromial bursitis, and impingement; mild acromioclavicular joint degeneration and moderate lateral down sloping of a non-hooked acromion, left shoulder joint, slight left ulnar motor neuropathy across the elbow, bilateral wrist and hand chronic sprain, moderate bilateral carpal tunnel syndrome, chronic lumbar sprain right lateral meniscal tear, left knee internal derangement. Under consideration is a request for physical therapy 2 times a week for 6 weeks, bilateral wrist/knees and an MRI of the right knee. There is a primary treating physician (PR-2) document dated 4/24/14 which states that the patient returns due to a flare up of pain to the bilateral hands and knees. The patient is retired. He has not resumed work activities since last seen. No new or further injuries have been sustained. He reports being prescribed Ibuprofen 800mg by his primary care doctor. He complains of increased pain to both of his hands and both of his knees. His knee pain is worse on the right. He has decreased range of motion and pain with movement. He states that his knee pain began 3 weeks before this exam. On exam he weighs 213 lbs. Examination of the right hand/wrist reveals tenderness to palpitation to the volar aspect and thenar eminence. Color and temperature are normal. Phalen's maneuver is negative. The patient demonstrates good grip strength and is able to make a full fist. Physical examination of the left hand/wrist demonstrates tenderness to palpation over the volar aspect and thenar eminence. The left wrist/hand color and temperature are normal Phalen's maneuver testing is negative. A full fist is able to be made and the patient demonstrates good grip strength. Color and temperature are normal. The right knee examination reveals tenderness over the medial and lateral joint lines and anteromedial aspect of the right knee. There is mild effusion of the right knee. There is mild crepitus of the right knee. The patient ambulates with a gait antalgic to the

right. Examination of the left knee demonstrates tenderness over the bilateral joint lines and anteromedial aspect; tenderness is noted to be greater to the right knee than the left knee. There is mild crepitus of the left knee. Per documentation the patient is having a flare up and physical therapy was requested for the wrists and knees, and there was also a request for an MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, bilateral wrist/knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation ODG Knee & Leg, Physical therapy and ODG Forearm, Wrist & Hand, Physical and Occupational Therapy.

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

Decision rationale: Physical therapy 2 times a week for 6 weeks, bilateral wrist/knees is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has received physical therapy in the past. Without objective documentation of functional improvement from prior therapy the request for additional physical therapy is not medically necessary. Furthermore the request for 12 sessions of PT exceeds the MTUS recommended number of visits for this condition which is up to 10. Therefore, the request for Physical therapy 2 times a week for 6 weeks, bilateral wrist/knees is not medically necessary.

MRI, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341.

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 chapter, MRI.

Decision rationale: MRI, right knee is not medically necessary per the MTUS and ODG guidelines. The MTUS ACOEM guidelines state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG knee guidelines state that Repeat MRIs are only needed post surgical if need to assess knee cartilage repair tissue. There is no documentation that patient is having surgery or has had surgery. There is no evidence of new injury or red flag conditions. The request for an MRI of the right knee is not medically necessary.

