

Case Number:	CM14-0159589		
Date Assigned:	10/03/2014	Date of Injury:	12/17/2009
Decision Date:	01/28/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain 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 52 year-old female with a date of injury of December 17, 2009. The patient's industrially related diagnoses include left rotator cuff impingement/tear, capsulitis of the left shoulder, traumatic injury to the left shoulder resulting in three subsequent surgical procedures, history of contusion of the left elbow, and torn lateral meniscus of the left knee, currently status post surgical intervention. The injured worker had MRI of the left knee on 11/30/2012 which revealed a horizontal flap tear of the posterior horn of the lateral meniscus and chondromalacia of the patella. Subsequently she had arthroscopic surgery on 4/24/2013 with partial lateral meniscectomy, and chondroplasty of the medial femoral condyle. The disputed issues are MRI of the left knee, aqua therapy, two to three times a week for four to six weeks, and pain management consultation. A utilization review determination on 9/25/2014 had non-certified these requests. The stated rationale for the denial of MRI of the left knee was: "Request for MRI does not meet criteria in that significant deterioration in signs or symptoms in this 5-year-old injury are not documented. Therefore at this time and on this information request is not certified." The stated rationale for the denial of aqua therapy was: "CA MTUS and ACOEM supports a few visits of PT for education and transition to HEP as detailed above based on demonstrated medical necessity. The clinical submitted does not demonstrate medical necessity for further formal physical therapy." Lastly, the stated rationale for the denial of the pain management consultation was: "Referral should specify the concerns to be addressed in the consultation including relevant medical and non medical issues, diagnosis, etc. and this demonstrates medical necessity. This request does not meet that criteria and is therefore not authorized."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 & Leg, MRI Topic.

Decision rationale: Regarding the request for MRI of the left knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. The guidelines recommend repeat MRIs post-surgically if there is a need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended, but may be appropriate for pain after TKA with a negative radiograph for loosening and low probability of infection. Within the medical information made available for review, there was documentation of ongoing subjective complaints of knee pain with a positive McMurray's test on physical examination, which is evidence of catching on physical examination testing suggestive of meniscal injury. The injured worker had MRI of the left knee on 11/30/2012 and subsequently had arthroscopic surgery on 4/24/2013 with partial lateral meniscectomy, and chondroplasty of the medial femoral condyle. On 7/14/2014, there was documentation that x-rays were done of the left knee, and four views revealed "surgical knee." Based on the available documentation and the referenced guidelines, the injured worker does meet the criteria for a repeat left knee MRI. In light of these issues, the currently requested MRI is medically necessary.

Aqua therapy, two to three times a week for four to six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. The guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in

order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the medical records available for review, there was documentation that the injured worker was obese based on the vitals. The records indicate that she was 5'7" and weighed 205 lbs. (with BMI calculated at 32.1), therefore aquatic therapy is an option in this case. However, the request exceeds the amount of aquatic therapy sessions recommended by the guidelines for the injured worker's specific diagnoses and, unfortunately, there is no provision for modification of the current request. In light of these issues, the currently requested aqua therapy, two to three times a week for four to six weeks (up to 18 sessions) is not medically necessary.

Pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In regard to the request for referral to pain management for follow-up, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support specialty consultation and follow-up visits 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. Within the medical records available for review, the treating physician documented that nothing seemed to relieve the injured worker's symptoms other than the pain medications which help for a little while. Therefore, the treating physician requested a pain management consultation. The utilization review determination stated: "Referral should specify the concerns to be addressed in the consultation including relevant medical and non medical issues, diagnosis, etc." However, the documentation indicated that the injured worker was on pain medications and according to the guidelines, a specialty consultation is recommend when the plan of care may benefit from additional expertise (in this case a pain management specialist). Therefore, a referral to a pain management specialist is supported in the case of this injured worker, and the request for pain management consultation is medically necessary.