

Case Number:	CM14-0161562		
Date Assigned:	10/07/2014	Date of Injury:	07/20/2009
Decision Date:	05/12/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 42-year-old male who reported an injury on 03/03/2014. He had reportedly twisted his left knee and had been treated conservatively with NSAIDs, a hinged knee brace, and work modifications, with his x-rays negative for any abnormalities. However, an MRI of the left knee identified a partial ACL tear, whereupon the injured worker had been referred to an Orthopedic Doctor [REDACTED] and to physical therapy. He received corticosteroid injections to the left knee in 06/2014, and completed several sessions of physical therapy. He also has a past medical history of left shoulder arthroscopy, right hernia repair, and right calf venotherapy. There were no to her clinical documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI right shoulder, right elbow, and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Elbow and Wrist.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 207-209, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Special Studies and Diagnostic and Treatment Considerations - Forearm, Wrist and Hand Complaints.

Decision rationale: The CA MTUS/ACOEM and the Official Disability Guidelines have indicated that magnetic resonance imaging is not warranted until and injured worker has undergone a thorough course of conservative modalities. There must also be evidence on physical examination of pathology to warrant imaging studies. However, the most recent clinical documentation provided for review did not specify that the injured worker had any abnormalities identified in regard to the right shoulder, right elbow, or right wrist, to support an MRI at this time. Therefore, without meeting the criteria for undergoing magnetic resonance imaging of any of the 3 areas of the right upper extremities, the requested open MRI of the right shoulder, right elbow, and right wrist, is not considered medically necessary.

Open MRI right knee R/O lateral meniscal tear: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The CA MTUS/ACOEM Guidelines indicate that after an injured worker has exhausted conservative care and observation, and when they continue to have physical exam findings of significant pathology to warrant imaging, an MRI may be warranted. However, in the case of this injured worker, the most recent clinical documentation did not indicate any abnormalities related to the right knee to support imaging studies at this time. Not only was there no documentation of an injury having been sustained of the right knee, there was no evidence that the injured worker had exhausted all forms of conservative modalities prior to requesting treatment or imaging at this time. Therefore, the open MRI of the right knee is not considered medically necessary.

Physical Therapy 2x week for 4 weeks for the right upper extremity: Upheld

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

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

Decision rationale: Although 8 sessions of physical therapy is within the allotted number of visits per the California MTUS Guidelines, there was no indication on current clinical documentation that the injured worker necessitated physical therapy for any region of the right upper extremity. There was a lack of overall comprehensive physical examination identifying any functional deficits in the shoulder, elbow, or wrist, or any of the injured worker's right digits

to support physical therapy at this time. Therefore, without having a more thorough rationale for physical therapy for the right upper extremity, and specification as to which area of the right upper extremity the physical therapy would be focused, the request for physical therapy, 2 times a week for 4 weeks for the right upper extremity is not considered medically necessary.

Physical Therapy 2x week for 4 weeks for the right knee: Upheld

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

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

Decision rationale: Eight sessions is within the allotted number of visits allowed under the California MTUS Guidelines. However, without having a current comprehensive physical examination identifying the injured worker has having any pathology related to the right knee, with functional deficits on physical examination, the physical therapy would not be considered appropriate. Therefore, after review of the clinical documentation, the physical therapy, 2 times a week for 4 weeks for the right knee, was not considered medically necessary.

Follow up in 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

Decision rationale: According to the Official Disability Guidelines do, injured workers are supported for undergoing follow-up office visits to ascertain their current functioning level and overall quality of life. With the reference that the injured worker has several areas affected that necessitate treatment, a follow-up visit would be considered medically appropriate. Additionally, without having any current physical exam notes regarding the injured worker's upper extremity and right knee, a reassessment would allow for generating the necessary treatment for each injury. Therefore, the requested follow-up in 6 weeks is not considered a medically necessity.