MAXIMUS Federal Services

Case Number:	CM14-0195081		
Date Assigned:	12/02/2014	Date of Injury:	03/11/2004
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal 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 (IW) is a 71-year-old woman with a date of injury of March 11, 2004. The mechanism of injury was a slip and fall. She sustained injuries to her right foot and ankle, spine, right wrist, shoulders and lower extremities. The IW has undergone several surgeries following her injury including: Three right foot and ankle surgeries, including fusion; lumbar radiculopathy, low back surgery X 3; left shoulder surgery; right shoulder surgery X 2; left knee replacement; and right wrist surgery with implantation. Dates for the listed surgeries were not provided. Diagnoses include pain, both knees, status post compensable consequence injuries; right knee chondromalacia and developing arthritis with persistent swelling, pain and difficulty kneeling; left knee pain status post total knee arthroplasty, with possible patellar tendinopathy and possible occult abnormalities with the prosthesis, although this does not seem to be the case on examination and radiographs; right forefoot pain with overload syndrome secondary to hind foot injury and fusion, probable synovitis, second and third metatarsophalangeal (MTP) joints, with possible plantar plate injury or occult interdigital neuromas. Pursuant to the Orthopedic Progress Note dated September 26, 2014, the IW has ongoing complains of pain to her knees bilaterally. She denies any locking or catching. She also notes persistent pain in her right foot. She has chronic pain along the lateral aspect of the foot and has persistent and increased pain over the fifth metatarsal head laterally. She denies any paresthesia or dysesthesia. On examination, the IW walks with an antalgic gait on both sides. She has swelling with mild swelling in the right knee. Range of motion is mildly restricted. She lacks the last few degrees of extension and has flexion to about 125 degrees. Contralateral knee has full extension and flexion to about 125 degrees. There is tenderness to palpation over both knees along the anterior and medial aspects of the knees. Examination of the feet demonstrates solid subtalar fusion of the right foot and ankle with mild, residual neutral to varus positioning of the hind foot. There us

tenderness over the 5th metatarsal head. There is swelling and tenderness over the 2nd and 3rd metatarsophalangeal (MTP) joints. There is no obvious instability. Sensation is intact. There are no focal areas of tenderness in the interspaces. X-ray of the right knee demonstrates mild joint space narrowing with no marked bone-to bone abnormalities. There is some flattening on the medial femoral condyle. That is all consistent with early chondromalacia and arthritis. X-rays of the left knee demonstrate a well-seated total knee replacement. X-rays of the right foot, weight bearing, AP, lateral and oblique demonstrates no evidence of arthritic changes in the forefoot region. Subtalar fusion appears solid. There is no significant arthritis in the adjacent joints. The treating physician is requesting MRI without contrast of the right foot, and physical therapy for bilateral knees, 2 times a week for 8 weeks (16 sessions). Utilization Review sent a Request for Information to the treating physician dated November 3, 2014. The provider was asked to provide the number of PT to date with response to the PT. Recent diagnostics of the foot was also requested. After full review of the record, the request for information was not found in the medical record. It is unclear as to the number of PT sessions the IW has completed, or if she had functional improvement. It is unclear if the IW has an MRI of the right foot in the past. The provider documents right foot radiograph findings date unknown. The following items were certified on November 3, 2014 include custom-molded longitudinal orthotics with metatarsal pad on the right, injection to the right knee-1cc Depo-Medrol and 3 cc of 0.5% plain Marcaine performed on September 26, 2014, injection to the right knee-1 cc of Depo-Medrol and 3 cc of 0.5% plain Marcaine performed on September 26, 2014, patellar Stabilizing Brace for the left knee and patellar Stabilizing Brace for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the right foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI without contrast to the right foot is not medically necessary. The criteria for MRI imaging of the foot are enumerated in the Official Disability Guidelines. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. See guidelines for details. In this case the injured worker's date of injury is March 11, 2004. the injured worker's working diagnoses are pain, both knees, status post compensable consequence injuries; right knee chondromalacia and developing arthritis; left knee status post totally arthroplasty; and right foot pain with overload syndrome secondary to hind foot injury and fusion and radiographs of the right foot or present (undated). There is no evidence of arthritic changes in the forefoot region. The base of the fifth metatarsal had been shaved down. Subtalar fusion appears solid and there is no significant arthritis in the adjacent joints. The medical record does not contain any additional past radiographic studies such as previous

magnetic resonance imaging scanning. The history promulgated by the injured worker indicates she had persistent pain in her right foot. She has had chronic pain along the lateral aspect of the foot with persistent the increased pain over the fifth metatarsal head laterally. A request for additional information was sent to the treating physician on November 3, 2014 by the initial utilization review physician. There was no response to the request. The request for MRI evaluation of the right foot was denied. The medical record, presently, not contain any additional information. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The medical record is not containing clinical evidence of a significant change in symptoms and findings based on the present medical record and, consequently, MRI without contrast to the right foot is not medically necessary.

Physical Therapy for Bilateral Knees 2 x 8= 16 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy to the knees bilaterally two times a week for eight weeks (16 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). In this case, there is no documentation in the medical record that reflects past physical therapy authorized and received. There is no documentation of objective functional improvement of prior physical therapy rendered to the injured worker. The initial utilization review physician requested number of physical therapy sessions to date with the response to previous therapy. This request was dated November 3, 2014. There were no additional documents in the medical record in response to that request. Consequently, absent the appropriate documentation of prior physical therapy with the objective functional improvement data, physical therapy to the knees bilaterally two times a week for eight weeks (16 sessions) is not medically necessary.