

Case Number:	CM14-0200778		
Date Assigned:	12/11/2014	Date of Injury:	05/15/2012
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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:

This individual is a 36 y/o male who has developed chronic spinal, knee and left shoulder problems subsequent to an injury dated 5/12/12. He is diagnosed with a cervical and lumbar radiculitis with positive EMG's but no over neurological loss. He has had shoulder surgery X's 2 due to a labral tear and re-tear. A recent QME evaluation recommended MRI studies of the knees if there was a failure of conservative care such as physical therapy and possible injections. A right knee MRI performed in '12 is reported to show patella femoral degeneration, but no meniscal injury. No knee instability is documented. In the records sent for review there is no documentation of prior physical therapy for the low back or knee. The QME does not document physical therapy and no physical therapy notes for these areas are included in the records sent for review. The only medication reported to be used on a prn basis is Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: MTUS Guidelines do not recommend MRI studies of the knee unless there are red flag conditions or a failure of complete conservative care. No red flag conditions are documented and the treating physician is requesting a course of physical therapy for the knee that does not appear to have been previously offered or completed. Under these circumstances the MRI is not consistent with Guidelines at this point in time. The right knee MRI is not medically necessary.

Labs: Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), Sed Rate, Antinuclear Antibody (ANA), C-Reactive Protein (CRP), Rheumatoid Factor (RF), and Triglycerides: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 20-27.

Decision rationale: MTUS Guidelines suggest a reasonable standard of medical evaluation to support the medical necessity of testing. The labs requested include a complete blood count, CMP, Sed rate, ANA, CRP, RF and Triglycerides. Some basic screening for an inflammatory disorder may be reasonable, but this individual has had fairly recent surgery that would include a blood count and metabolic screening. There is no evidence the requesting physician has reviewed these results and why they would need repeating at this point in time. The complete package of requested labs is not medically necessary.

Physical Therapy 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: MTUS Guidelines recommend up to 10 sessions of physical therapy for most musculoskeletal conditions that are chronic. There is no evidence in the records sent for review that physical therapy has been provided in adequate amounts to meet Guidelines standards. Under these circumstances, the request for physical therapy 2 times a week for 4 weeks is medically necessary.

Cognitive Behavioral Therapy Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: MTUS Guidelines clearly support psychological evaluations as a component of chronic pain evaluations and possibility management. This injured worker meets Guideline criteria; therefore, the request for a Cognitive Behavioral Therapy Evaluation is medically necessary.

Right Knee Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: MTUS Guidelines support the use of a knee brace when there is instability and/or a significant load is being placed on a damaged knee. None of these qualifying conditions are documented and the requesting physician does not provide information to justify a brace on an exceptional basis. The request for a right knee brace is not medically necessary.