

<b>Case Number:</b>	CM14-0205717		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Emergency 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 44 year-old female, who sustained an injury on March 12, 2013. The mechanism of injury is not noted. Diagnostics have included: September 26, 2013 lumbar spine MRI reported as showing multi-level disc protrusions with neuroforaminal stenosis. Treatments have included: medications, physical therapy. The current diagnoses are: left knee patella fracture, right knee strain, bilateral ankle sprains, left S1 radiculopathy, left knee meniscal tear. The stated purpose of the request for MRI arthrogram of the left knee was not noted. The request for MRI arthrogram of the left knee was denied on November 25, 2014, citing a lack of documentation of neither prior knee surgery nor x-rays. The stated purpose of the request for Colace 100mg #60 was not noted. The request for Colace 100mg #60 was denied on November 25, 2014, citing a lack of documentation of constipation. The stated purpose of the request for MRI of the lumbar spine was not noted. The request for MRI of the lumbar spine was denied on November 25, 2014, citing a lack of documentation of an acute change since a previous MRI. The stated purpose of the request for Additional physical therapy twice a week for six weeks (body part unspecified): was not noted. The request for Additional physical therapy twice a week for six weeks (body part unspecified): was denied on November 25, 2014, citing a lack of documentation of functional improvement. Per the report dated November 4, 2014, the treating physician noted complaints of pain to the left knee, low back and left ankle. Exam shows lumbar spasms with restricted range of motion, positive bilateral straight leg raising tests, decreased bilateral L4-S1 sensation, and positive left knee McMurray sign with lateral joint line tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/27/14), MR arthrography

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

**Decision rationale:** The requested MRI arthrogram of the left knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has pain to the left knee, low back and left ankle. The treating physician has documented lumbar spasms with restricted range of motion, positive bilateral straight leg raising tests, decreased bilateral L4-S1 sensation, and positive left knee McMurray sign with lateral joint line tenderness. The treating physician has not documented plain radiographs nor the medical necessity for an MR arthrogram versus an MRI of the knee. The criteria noted above not having been met, MRI arthrogram of the left knee is not medically necessary.

**Colace 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The requested Colace 100mg #60 is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that " include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has pain to the left knee, low back and left ankle. The treating physician has documented lumbar spasms with restricted range of motion, positive bilateral straight leg raising tests, decreased bilateral L4-S1 sensation, and positive left knee McMurray sign with lateral joint line tenderness. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Colace 100mg #60 is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 11/21/14), MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain to the left knee, low back and left ankle. The treating physician has documented lumbar spasms with restricted range of motion, positive bilateral straight leg raising tests, decreased bilateral L4-S1 sensation, and positive left knee McMurray sign with lateral joint line tenderness. The treating physician has not documented an acute clinical change since the date of the previous lumbar spine MRI. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.

**Additional physical therapy twice a week for six weeks (body part unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/27/14), Physical medicine treatment; Ankle & Foot (updated 10/29/14), Physical therapy; Low Back (updated 11/21/14), Physical therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98 and 99.

**Decision rationale:** The requested Additional physical therapy twice a week for six weeks (body part unspecified), is not medically necessary. Chronic Pain Medical Treatment Guidelines, pages 98 and 99, Physical medicine guidelines recommend additional physical therapy with documented functional benefit. The injured worker has pain to the left knee, low back and left ankle. The treating physician has documented lumbar spasms with restricted range of motion, positive bilateral straight leg raising tests, decreased bilateral L4-S1 sensation, positive left knee McMurray sign with lateral joint line tenderness. The treating physician has not documented objective evidence of derived functional improvement from previous physical therapy sessions. The criteria noted above not having been met, Additional physical therapy twice a week for six weeks (body part unspecified): is not medically necessary.