

Case Number:	CM15-0002103		
Date Assigned:	01/13/2015	Date of Injury:	07/12/2007
Decision Date:	03/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial injury on 07/12/2007. She has reported subsequent pain in the knees, upper extremities, back and hip with numbness in the upper extremities. Diagnoses included bilateral cubital tunnel syndrome, right knee arthritis, right shoulder tendinitis, herniated degenerative disc disease of the lumbar spine, left lower extremity radiculitis and chronic renal pain syndrome. Treatment to date has included oral and topical pain medication, application of ice, H-wave electrostimulation, physical therapy and acupuncture. It's unclear as to how many physical therapy and acupuncture visits have previously been received. Currently the IW complains of continued bilateral knee pain rated as a 7-8/10 that was only slightly improved with medications, ice and electrostimulation. Objective physical examination findings were notable for positive crepitus, medial joint line, lateral joint line and patellofemoral facet tenderness in the left knee, claw deformity of the left hand with flexion at the PIP joints of the ring and small finger, positive atrophy of the thenar eminence of the hand, right wrist mass on the dorsum of the hand, tenderness of the thumb with limited range of motion and discoloration of the right hand. The IW was noted to be unable to make a complete fist with the right hand secondary to pain. Tinel and Phalen tests were positive. A recent MRI of the right knee showed a Baker's cyst, chondromalacia of the patella, arthritic changes and a Grade III tear of the posterior horn of the medial meniscus. MRI of the left knee showed a Baker's cyst, popliteal cyst, marrow edema and Grade II-III posterior horn medial and lateral meniscal signals, rule out tears. The physician noted that MR Arthrogram of the knees was needed due to MRI findings and ongoing complaints. Continued physical therapy and acupuncture was also

requested. On 12/05/2014, Utilization Review non-certified requests for right and left knee MRI Arthrograms, noting that documentation shows that the indication for this test is not provided. Requests for physical therapy and acupuncture were modified from 12 sessions of physical therapy of the hands and knees to 8 sessions of physical therapy and from 12 sessions of acupuncture to 6 sessions of acupuncture, noting that there should be documentation of functional improvement and decreased pain before approving additional visits MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 10th Edition, Treatment Index, Knee and Leg; MR arthrography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, MRIs, MR Arthrography

Decision rationale: Regarding the request for MR arthrogram, CA MTUS and ACOEM do not specifically address the issue. ODG states that arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Within the documentation available for review, the aforementioned criteria have not been met. Furthermore, the patient is noted to have knee osteoarthritis with consideration for arthroplasty, there are no current clinical symptoms/findings suggestive of meniscal tears as a likely source of the patient's knee complaints, and no other clear rationale for MR arthrogram has been presented. In the absence of clarity regarding the above issues, the currently requested MR arthrogram is not medically necessary.

MRI arthrogram left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 10th Edition, Treatment Index, Knee and Leg; MR arthrography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, MRIs, MR Arthrography

Decision rationale: Regarding the request for MR arthrogram, CA MTUS and ACOEM do not specifically address the issue. ODG states that arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Within the documentation available for review, the aforementioned criteria have not been met. Furthermore, the patient is noted to have knee osteoarthritis with

consideration for arthroplasty, there are no current clinical symptoms/findings suggestive of meniscal tears as a likely source of the patient's knee complaints, and no other clear rationale for MR arthrogram has been presented. In the absence of clarity regarding the above issues, the currently requested MR arthrogram is not medically necessary.

Physical therapy hands and knees QTY: 12.00: 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: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Acupuncture treatments QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears that prior acupuncture has been utilized, but there is no indication of functional improvement as defined above. Additionally, the current request exceeds the 6-visit trial recommended by guidelines and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested acupuncture is not medically necessary.