

Case Number:	CM15-0003380		
Date Assigned:	01/14/2015	Date of Injury:	10/04/2013
Decision Date:	03/11/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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 34 year old female, who sustained an industrial injury on 10/04/2013 related to an assault. The diagnoses have included headaches, facial contusion and musculoskeletal injuries. Magnetic resonance imaging (MRI) of the right knee, dated 9/26/2014 showed medial meniscus tear of the body, with myxoid change at the posterior horn, medial collateral ligament low grade sprain, patellar tendinosis, deep infrapatellar bursitis and lateral patellar subluxation. MRI of the lumbar spine date 9/26/2014 indicated straightening of the lumbar lordosis, degenerative discogenic spondylosis, primarily at L5-S1, desiccated discs at L5-S1, posterolateral foraminal protrusion at L4-5 and paracentral disc protrusion at L5-S1. MRI of the right shoulder dated 9/26/2014 revealed supraspinatus full thickness tendon tear, infraspinatus tendon, tendinosis versus partial tear, descending biceps partial tear and superior horn head migration and associated narrowing of the acromiohumeral interval. No current medical report from the requesting provider is included for review. On 12/26/2014, Utilization Review non-certified continuation of physical therapy (2-3 x a week x 6 weeks), knee brace, follow-up in 4-6 weeks, baseline urine toxicology, and x-rays of the left knee(standing series) noting that additional information is needed to make a review determination based on medical necessity. On 1/07/2015, the injured worker submitted an application for IMR for review of continuation of physical therapy (2-3 x a week x 6 weeks), knee brace, follow-up in 4-6 weeks, baseline urine toxicology, and x-rays of the left knee(standing series).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of The Left Knee, Standing Series: Upheld

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

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

Decision rationale: Regarding the request for x-rays of the knee, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. They support the use of x-rays for joint diffusion within 24 hours of trauma, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, and inability to flex the knee to 90. Within the documentation available for review, there is no documentation from the requesting provider identifying any red flags or any symptoms/findings suggestive of the need for x-rays of the knee. In the absence of clarity regarding those issues, the currently requested x-rays of the knee are not medically necessary.

Baseline Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-5. Decision based on Non-MTUS Citation Pain Chapter, Urine drug testing (UDT)

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation from the requesting provider identifying the intent to prescribe medications of potential abuse and current risk stratification to identify the medical necessity of drug screening. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

Follow-Up in 4-6 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 (ODG)

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

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring the determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, there is no documentation from the requesting provider identifying the patient's current symptoms/findings and identifying the medical necessity of a follow-up visit. In the absence of clarity regarding the above issues, the currently requested follow-up visit is not medically necessary.

Knee Brace: Upheld

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

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

Decision rationale: Regarding the request for a knee brace, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Within the documentation available for review, none of the aforementioned criteria have been met. In the absence of such documentation, the currently requested knee brace is not medically necessary.

Continue Physical Therapy 2 to 3 Times A Week for 6 Weeks: Upheld

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

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.