

Case Number:	CM15-0006877		
Date Assigned:	01/26/2015	Date of Injury:	07/15/2014
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 51 year old female, who sustained an industrial injury on July 15, 2014. The patient reported falling down while walking injuring multiple body parts. The diagnoses have included burns first and second degree right knee non healing skin lesions, sprain/strain right knee rule out internal derangement, sprain/strain lumbar spine rule out herniated lumbar disc, sprain/strain cervical spine, C5-6 and C6-7 rule out herniated cervical disc, right shoulder and left shoulder sprain/strain and symptoms of anxiety and depression. Treatment to date has included physical therapy and oral medications. Currently, the injured worker complains of neck pain with radicular symptoms into the right and left arm symptoms are aggravated with lifting, lower back pain with radicular symptoms into the right and left leg and are aggravated with prolonged sitting, standing and walking and lifting, the right knee pain is aggravated with repetitive kneeling, squatting and lifting. On December 16, 2014 Utilization Review non-certified a Magnetic resonance imaging right knee, Magnetic resonance imaging cervical spine, physiotherapy twelve sessions two times six and psychological evaluation noting, American College of Occupational and Environmental Medicine and Medical Treatment Utilization Schedule Guidelines was cited. On December 8, 2014, the injured worker submitted an application for IMR for review of Magnetic resonance imaging right knee, Magnetic resonance imaging cervical spine, physiotherapy twelve sessions two times six and psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration to support for the MRI. Besides continuous intermittent pain complaints without normal range of motion on exam without neurological deficits, there is also no report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for the MRI without significant change or acute findings. There is no x-ray of the left knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met. The MRI, right knee is not medically necessary and appropriate.

MRI, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has unchanged neurological deficit in bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI, cervical spine is not medically necessary and appropriate.

Physiotherapy; twelve (12) sessions (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physiotherapy; twelve (12) sessions (2x6) is not medically necessary and appropriate.

Psychological Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): chapter 15, "Stress-related Conditions", page 398 > Chapter 7- Independent Medical Examinations and Consultations, page 127, Chronic Pain Treatment Guidelines Psychological Treatment/ Evaluation, Pages 101-102.

Decision rationale: Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. The Psychological Evaluation is not medically necessary and appropriate.