MAXIMUS Federal Services

Case Number:	CM15-0104194		
Date Assigned:	06/08/2015	Date of Injury:	06/02/2014
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic knee, leg, wrist, hand, low back, neck, and elbow pain reportedly associated with an industrial injury of June 2, 2014. In a Utilization Review report dated May 21, 2015, the claims administrator denied a knee MRI, partially approved requests for 18 sessions of physical therapy as six sessions of the same, and denied request for viscosupplementation (Synvisc) injections of the left knee. The claims administrator did apparently approve follow-up visit and a MR arthrogram of the knee, it was suggested. An office visit of April 7, 2015 and associated RFA form of May 12, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant presented with bilateral knee pain, and low back pain with attendant complaints of difficulty with standing and walking. X-rays of the left knee apparently demonstrated a 1-mm joint space. MR arthrography of left knee also demonstrated a medial meniscus tear. The applicant was placed off of work, on total temporary disability. On April 7, 2015, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was 50 years old, it was reported. The applicant exhibited a visibly antalgic gait in the clinic setting with painful range of motion appreciated about the bilateral knees. The applicant reportedly exhibited left-sided patellofemoral arthritis and right-sided osteoarthritis as well. The applicant was seemingly placed off of work. MR arthrography of the knees, physical therapy, and viscosupplementation injections were sought. The attending provider stated that the applicant might ultimately require a left total keen arthroplasty procedure. The applicant had stopped working, it was acknowledged. The applicant had a history of earlier left knee surgery.

The applicant had received Workers Compensation indemnity benefits, unemployment compensation benefits, and Social Security Disability Insurance (SSDI) benefits, the treating provider reported. The attending provider did not state how the proposed right knee MRI would influence or alter the treatment plan. The attending provider stated that the applicant developed compensatory knee pain after having initially sustained injury to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar spine & bilateral knee (18 visits): 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): 8, 99.

Decision rationale: The 18-session course of therapy at issue, in and of itself, represents treatment well in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, it was reported on the date in question, April 7, 2015. The applicant was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. It did not appear, in short, that the applicant had profited despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request is not medically necessary.

MRI right knee, Qty: 1.00: 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): 335-336. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg 449.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335 and 336 does acknowledge that MRI imaging can be employed to confirm a variety of diagnoses, including collateral ligament tear, meniscus tear, anterior cruciate ligament tear, posterior cruciate ligament tear, patellar tendinopathy, etc., ACOEM qualifies its position by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, the April 7, 2015 progress note made no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the right knee. The attending provider did not state precisely what was sought. The attending provider did not state how the proposed knee MRI would influence or alter the treatment plan. The attending provider's April 7, 2015 progress note, furthermore, noted that plain film imaging of the right knee had demonstrated degenerative changes involving the same. The Third Edition ACOEM Guidelines Knee Chapter notes on page 449 that MRI imaging is "not recommended" in the

routine evaluation of chronic knee joint pathology, including pathology associated with degenerative joint disease (DJD), as was seemingly present here. Therefore, the request is not medically necessary.

Possible Synvisc injections left knee, Qty: 3.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg 687.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes on page 687 that intra-articular knee viscosupplementation are recommended in the treatment of moderate-to-severe knee osteoarthritis, as was seemingly present here. The attending provider did report that the applicant had advanced knee arthritis following earlier failed arthroscopy surgery. The attending provider stated that the applicant would likely consider a total knee arthroplasty were the proposed viscosupplementation injections unsuccessful. Plain film imaging of the left knee, per a progress note of June 12, 2015, apparently demonstrated advanced arthritic changes with the reported 1 mm joint space. Moving forward with the proposed Synvisc (viscosupplementation) injections was, thus, indicated. Therefore, the request is medically necessary.