

Case Number:	CM15-0161284		
Date Assigned:	08/28/2015	Date of Injury:	11/03/1998
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/18/2015

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 52-year-old who has filed a claim for chronic shoulder, knee, and hip pain reportedly associated with an industrial injury of November 3, 1998. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve requests for a left knee MRI without contrast, MR arthrography of the bilateral hips, and home health care. The claims administrator did approve medical transportation to and from surgery. The claims administrator referenced a June 29, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On RFA forms dated July 9, 2015 and July 12, 2015, a colonoscopy, upper GI endoscopy, a left knee MRI, MR arthrography of the hips, home health care, and transportation to and from the endoscopy site were seemingly sought. On June 29, 2015, the applicant reported ongoing complaints of knee, hip, and ankle pain. The applicant was using a cane to move about. The applicant reported falling secondary to knee pain and instability. The applicant's right knee was worse than the left, it was reported. The attending provider stated that the applicant could only walk for about five minutes with considerable difficulty. The attending provider stated that the applicant had not had any recent MRIs. The applicant had undergone two right knee arthroscopies, two left knee arthroscopies, a spinal cord stimulator implantation, and a subsequent spinal cord stimulator explanation, it was reported. The applicant was on Norco, Neurontin, Abilify, Zoloft, Prilosec, Bystolic, Hyzaar, Catapres, and glucosamine, it was reported. The applicant was no longer working and had not worked since 2010, it was reported. X-rays of the knee demonstrated advanced, severe right knee arthritis and moderate left knee arthritis. The applicant was a candidate for right knee total knee

arthroplasty, it was reported. X-rays of the bilateral hips were also notable for moderate-to-severe bilateral hip arthritis. The applicant was asked to pursue a right total knee arthroplasty, a left knee MRI to evaluate the extent of arthritis, and MRI arthrography of the bilateral hips to evaluate for arthritis versus labral tear(s). A rheumatology evaluation was endorsed. The applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee MRI without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRIs (magnetic resonance imaging) and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Knee Disorders 483.

Decision rationale: No, the request for a left knee MRI without contrast was not medically necessary, medically appropriate, or indicated here. ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Knee Disorders 483. Recommendation: MRI for Routine Evaluation of Acute, Subacute, or Chronic Knee Joint Pathology. MRI is not recommended for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease. Strength of Evidence: Not Recommended, Insufficient Evidence (I). The MTUS does not address the topic of knee MRI imaging for the purposes of addressing the extent of knee arthritis, i.e., the purpose for which knee MRI imaging was seemingly proposed via the June 29, 2015 progress note at issue. However, the Third Edition ACOEM Guidelines note that MRI imaging is not recommended in the routine evaluation of applicants with chronic knee joint pathology, including that associated with degenerative joint disease, as was present here. The attending provider reported on June 29, 2015 that the applicant carried a diagnosis of moderate arthritis of the left knee. It was not clearly stated why MRI imaging was sought if the applicant already carried a diagnosis of clinically-evident, radiographically-confirmed left knee arthritis. While the attending provider claimed on June 29, 2015 that MRI imaging was needed to determine the extent of the applicant's knee arthritis, ODG's Knee Chapter MRI Imaging topic notes that "diagnosing osteoarthritis with an MRI is both unnecessary and costly." Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of knee MRI imaging for a diagnosis of knee arthritis in the face of the unfavorable ACOEM and ODG positions on the same. Therefore, the request was not medically necessary.

MR Arthrogram, bilateral hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Hip and Groin Disorders, page 43, ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Hip and Groin Disorders, page 44.

Decision rationale: Similarly, the request for MR arthrography of the bilateral hips was likewise not medically necessary, medically appropriate, or indicated here. ACOEM Occupational Medicine Practice Guidelines Hip and Groin Disorders, pg. 43, 3. Recommendation: MRI for Routine Evaluation of Acute, Subacute, Chronic Hip Joint Pathology. MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Strength of Evidence: Not Recommended, Insufficient Evidence (I). ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Hip and Groin Disorders, pg. 44, MR ARTHROGRAM, Recommendation: MR Arthrogram for Diagnosing Femoroacetabular Impingement, Labral Tears, Gluteus Medius Tendinosis or Tears, or Trochanteric Bursitis in Patients with Subacute or Chronic Hip Pain. MR arthrogram is recommended to diagnose femoroacetabular impingement, labral tears, gluteus medius tendinosis or tears, or trochanteric bursitis in patients with subacute or chronic hip pain. Indications: Patients with subacute or chronic hip pain and symptoms or clinical suspicion of femoroacetabular impingement, labral tears, gluteus medius tendinosis or tears, trochanteric tears, or other hip joint concerns. Strength of Evidence: Recommended, Insufficient Evidence (I). The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter notes that MRI imaging is not recommended in the routine evaluation of chronic hip joint pathology, including that associated with hip degenerative joint disease. Here, the attending provider's June 29, 2015 progress note suggested that the applicant already carried a diagnosis of clinically-evident, radiographically-confirmed moderate-to-severe osteoarthritis of the right and left hips, seemingly obviating the need for the MR arthrography at issue. While the Third Edition ACOEM Guidelines do note that MR arthrography is recommended to diagnose femoroacetabular impingement, labral tears, gluteus medius tenderness and/or tears, and/or trochanteric bursitis in individuals with chronic hip pain, here, again, the attending provider's June 29, 2015 progress note did not clearly state why he was searching for and/or suspected labral pathology when the applicant already carried a diagnosis of advanced bilateral hip arthritis, radiographically-confirmed. Therefore, the request was not medically necessary.

Home health care; frequency and duration not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: No, the request for home health care of an unspecified frequency and duration was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are home bound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes,

however, that medical treatment does not include homemaker services such as shopping, cleaning, personal care, when this was the only care needed. Here, however, neither the attending provider's June 29, 2015 progress note nor the July 15, 2015 RFA clearly stated what home health services were being sought. It was not stated whether this represented a request for preoperative home health services or for unspecified home health services following a planned total knee arthroplasty. The information on file, in short, failed to support or substantiate the request. Therefore, the request was not medically necessary.