

Case Number:	CM15-0167699		
Date Assigned:	09/08/2015	Date of Injury:	07/19/2013
Decision Date:	10/21/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/26/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 27 year old female, who sustained an industrial injury on 7-19-2013. The mechanism of injury was not provided. The injured worker was diagnosed as having bilateral wrist sprain-strain, rule out bilateral carpal tunnel syndrome, bilateral knee sprain-strain and left knee chondromalacia. Treatment to date has included physical therapy and medication management. A recent progress report dated 3-2-2015, reported the injured worker complained of bilateral wrist pain rated 10 out of 10, left knee pain rated 10 out of 10 and right knee pain rated 5 out of 10. Physical examination revealed decreased and painful bilateral wrist range of motion, left knee tenderness with painful range of motion and decreased sensation in the right upper extremity. The physician is requesting Retrospective request for Chiropractic and Physiotherapy treatment, quantity: 18 sessions completed between 03-03-2015 to 06-08-2015, Retrospective request for MRI (Magnetic Resonance Imaging) of the left knee, date of service: 03-24-2015, Retrospective request for MRI (Magnetic Resonance Imaging) of the right knee, date of service 03-27-2015 and Retrospective request for FCE (Functional Capacity Evaluation) testing, date of service: 03-03-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Chiropractic and Physiotherapy treatment, quantity: 18 sessions completed between 03/03/2015 to 06/08/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

Decision rationale: Per the ACOEM Guideline citation above, Chiropractic manipulation is a treatment option during the acute phase of injury, and manipulation should not be continued for more than a month, particularly when there is not a good response to treatment. Per the MTUS, chronic pain section citation listed above, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. There were no reports from the treating DC or the treating MD which described specific functional improvements as defined in the MTUS. The periodic medical reports refer to an unchanged clinical condition at the time that chiropractic treatment was in progress. The chiropractic treatments were not medically necessary based on the MTUS recommendations and the lack of functional improvement. Medical necessity for the requested chiropractic sessions was not established. The requested sessions were not medically necessary. According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, the patient completed physical therapy sessions but there was no documentation indicating that she had a defined functional improvement in her condition. There was no specific indication for the requested PT sessions. Medical necessity for the requested item was not established. The requested physical therapy sessions are not medically necessary.

Retrospective request for MRI (Magnetic Resonance Imaging) of the left knee, quantity: 1, date of service: 03/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI knee.

Decision rationale: According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there were no significant physical exam findings consistent with instability or internal ligament derangement. In addition, there was full range of motion, and no evidence of effusion. Medical necessity for the requested MRI of the left knee was not established. The requested study is not medically necessary.

Retrospective request for MRI (Magnetic Resonance Imaging) of the right knee, quantity: 1, date of service 03/27/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Knee.

Decision rationale: According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there were no significant physical exam findings consistent with instability or internal ligament derangement. In addition, there was full range of motion, and no evidence of effusion. Medical necessity for the requested MRI of the left knee was not established. The requested study is not medically necessary.

Retrospective request for FCE (Functional Capacity Evaluation) testing, quantity: 1, date of service: 03/03/2015: 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), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The CA MTUS states that a functional capacity evaluation (FCE) is recommended under certain specific circumstances. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions and or activities of daily living, self-report of disability, objective measures of the patient's functional performance and physical impairments. The guidelines necessitate documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reports on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, and clarification of all additional/secondary conditions in order to recommend an FCE. In this case, there was no documentation that any of the above conditions were present, which would be required for the completion of an FCE. There were no specific indications for an FCE. Medical necessity for the requested service was not established. The requested service is not medically necessary.