

Case Number:	CM15-0168991		
Date Assigned:	09/02/2015	Date of Injury:	01/18/2012
Decision Date:	10/20/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 injured worker is a 40 year old female, who sustained an industrial injury on 1-18-2012, while employed as a nanny-housekeeper. She reported a fall down stairs. The injured worker was diagnosed as having post traumatic concussion syndrome, headaches with associated nosebleeds, cervical myoligamentous sprain-strain with radicular complaints, right shoulder rotator cuff tendonitis-bursitis, thoracic myofascitis, lumbosacral myoligamentous sprain-strain with radicular complaints, bilateral knee contusion-strain, insomnia, and stress-anxiety. Treatment to date has included diagnostics, physical therapy, aquatic therapy, psychiatric treatment, and medications. A Qualified Medical Evaluation-Orthopedic Surgeon (10-07-2014) noted future medical care to include office visits, medications, and light supportive lumbosacral bracing. The Qualified Medical Re-Evaluation (2-26-2015)-Neurology was submitted. Currently (7-14-2015), the injured worker complains of intermittent moderate neck pain with radiation down the left hand, with numbness and tingling. She also reported intermittent moderate right shoulder pain, with a popping sensation. Exam of the cervical spine noted tenderness to palpation about the paraspinal muscles, restricted range of motion due to pain, mildly positive cervical distraction test, and muscle spasms. Exam of the right shoulder noted tenderness to palpation and spasms about the trapezius musculature, greater on the right, restricted range of motion due to pain, and positive impingement sign. Exam of the thoracic spine noted tenderness to palpation over the parascapular musculature bilaterally and muscle spasms. Exam of the lumbar spine noted tenderness to palpation about the paralumbar musculature, restricted range of motion due to pain, muscle spasms, and positive straight leg

raise. Exam of the bilateral knees showed tenderness to palpation at the medial and lateral joint line, slight crepitus, restricted range of motion due to pain, and muscle spasms. Magnetic resonance imaging of the bilateral knees (7-02-2015) were referenced. The previous progress report (6-19-2015) noted that she was prescribed Topamax by a neurologist. Complaints-findings were unchanged. The treatment plan included magnetic resonance imaging of the right shoulder and bilateral knees, physical therapy for the bilateral knees x8, consultation with an extremities specialist regarding the bilateral knees, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. No red-flag indications are present in the medical record. Patient has recently undergone an MRI of the bilateral knees which was negative for any significant pathology. Evidence of any new severe and/or progressive deficits has not been documented. MRI of the bilateral knees is not medically necessary.

Topamax 25mg #60: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that Topamax is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There was no neuropathic pain indicated in the medical records supplied for review. Topamax 25mg #60 is not medically necessary.

MRI of right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI of right shoulder is not medically necessary.

8 physical therapy sessions for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Physical therapy.

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement. A recent MRI of the bilateral knees was negative for any significant pathology. 8 physical therapy sessions for bilateral knees are not medically necessary.

Consultation with an extremities specialists regarding the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work ability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. This patient has been evaluated by an orthopedic QME who did not find any evidence of knee pathology and did not recommend any future treatment. Consultation with an extremities specialists regarding the bilateral knees is not medically necessary.