

Case Number:	CM15-0180720		
Date Assigned:	10/13/2015	Date of Injury:	02/18/2014
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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 40 year old male, who sustained an industrial injury on 2-18-14. The injured worker is being treated for post traumatic cephalgia, chronic sprain-strain of cervical spine, thoracic spine, lumbar spine and shoulder; chronic sprain-strain of elbow with bilateral epicondylitis; and ligament laxity, medial and lateral collateral ligament right knee, rule out tear, stress-anxiety and insomnia. MR arthrogram of right knee performed on 7-16-15 revealed no evidence of meniscal or ligamentous pathology. Treatment to date has included 21 sessions of physiotherapy, 3 sessions of chiropractic care, 17 sessions of acupuncture and activity modifications. On 5-27-15 and 8-17-15, the injured worker complains of neck pain radiating to bilateral shoulders associated with numbness and tingling, upper back pain radiating to lower back, low back pain radiating to bilateral legs associated with numbness and tingling, right shoulder pain, left shoulder pain radiating to wrists associated with numbness and tingling, bilateral wrist pain associated with numbness and tingling, right knee pain, difficulty falling asleep, chest pain and depression. He is currently not working. Physical exam performed on 5-27-15 and 8-17-15 revealed tenderness to palpation of paracervical and levator scapulae muscles bilaterally with restricted range of motion, tenderness to palpation over the paradorsal muscles bilaterally of thoracic spine, tenderness to palpation over the paralumbar muscles with slight spasm and slightly restricted range of motion, tenderness to palpation of bilateral shoulders, tenderness to palpation bilaterally with pain on range of motion of bilateral elbows, tenderness to palpation bilaterally with painful range of motion of bilateral wrists, tenderness to palpation bilaterally with painful range of motion of bilateral hands and tenderness to palpation of bilateral

knees with painful range of motion. A request for authorization was submitted on 5-27-15 for MR arthrogram of right knee, acupuncture, continuation of chiropractic evaluation, referral to orthopedic surgeon and follow up for sleep specialist. On 9-2-15 request for MR arthrogram of right knee and referral to sleep specialist was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MR Arthrogram of the right knee: 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) Knee & Leg chapter, under MR Arthrography.

Decision rationale: The 40 year old patient complains of bilateral shoulder and right knee pain, rated at 8/10, as per progress report dated 08/28/15. The request is for ONE MR ARTHROGRAM OF THE RIGHT KNEE. There is no RFA for this case, and the patient's date of injury is 02/18/14. Diagnoses, as per progress report dated 08/28/15, included bilateral shoulder tendinosis, r/o impingement syndrome; r/o bilateral rotator cuff tear; right knee strain/sprain; and right knee varicosities. The patient is status post left ankle surgery 9 years ago, as per progress report dated 08/21/15. Diagnoses included post-traumatic cephalgia, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain with radiculitis, bilateral elbow sprain/strain with epicondylitis, bilateral hand/wrist epicondylitis, bilateral De Quervain's syndrome, right knee ligament laxity, left knee sprain/strain, right knee varicose veins, skin rashes, stress, anxiety and insomnia. Medications include Neurontin, Motrin, Xanax and Capsaicin cream. The patient is off work, as per the same report. ODG guidelines, Knee & Leg chapter under MR Arthrography states: Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, none of the reports discuss the request. A review of the reports indicates that the patient had a MR arthrogram in the recent past. The arthrogram report, dated 07/16/15 and reviewed in progress report dated 08/17/15, revealed no evidence of meniscal or ligamentous pathology. MRI of the right knee, dated 03/18/15 as per the same report, revealed extensive venous varicosities and globular increased signal intensity at posterior horn of the medial meniscus most consistent with intrasubstance degeneration. It is not clear why the treater is requesting for another MR arthrogram. Additionally, there is no indication of knee surgery. ODG supports the use of MR arthrograms only for post-operative use. Hence, the request IS NOT medically necessary.

One follow-up referral with a sleep specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Insomnia treatment 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The 40 year old patient complains of bilateral shoulders and right knee pain, rated at 8/10, as per progress report dated 08/28/15. The request is for ONE FOLLOW-UP REFERRAL WITH A SLEEP SPECIALIST. There is no RFA for this case, and the patient's date of injury is 02/18/14. Diagnoses, as per progress report dated 08/28/15, included bilateral shoulder tendinosis, r/o impingement syndrome; r/o bilateral rotator cuff tear; right knee strain/sprain; and right knee varicosities. The patient is status post left ankle surgery 9 years ago, as per progress report dated 08/21/15. Diagnoses included post-traumatic cephalgia, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain with radiculitis, bilateral elbow sprain/strain with epicondylitis, bilateral hand/wrist epicondylitis, bilateral De Quervain's syndrome, right knee ligament laxity, left knee sprain/strain, right knee varicose veins, skin rashes, stress, anxiety and insomnia. Medications include Neurontin, Motrin, Xanax and Capsaicin cream. The patient is off work, as per the same report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, Independent Medical Examinations (I Mes), page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. As per progress report dated 08/17/15, the patient has difficulty falling asleep and has been diagnosed with insomnia. In progress report dated 08/21/15, the treater indicates that the patient gets 2-3 hours of inconsistent sleep. There is no indication that the patient has consulted a sleep specialist in the past but may benefit from it. Hence, the request IS medically necessary.