

Case Number:	CM15-0180931		
Date Assigned:	09/22/2015	Date of Injury:	09/01/2001
Decision Date:	11/13/2015	UR Denial Date:	08/14/2015
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: Emergency 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 72 year old male who sustained an injury on 9-1-01. The medical records indicate he has neck, left shoulder, lower back bilateral knee, right leg and right ankle pain. Treatment has included medication, therapy, injections and TENS unit. Left knee surgery on 9-15-14 that was complicated by an infection. The note on 6-22-15 states he was doing fair and still with pain. Diagnoses include chronic cervical strain, myofascial pain syndrome; left shoulder post-surgery with adhesive capsulitis, chronic low back pain with severe spinal stenosis; bilateral carpal tunnel syndrome aggravated with use of crutches, bilateral knee arthritis needing replacement and severe depression. Medications listed include Norco, Nucynta, and Lidoderm adhesive patch, Hydrocodone-Acetaminophen, Vicodin and Pristiq. On 8-10-15 he complains of bilateral wrist pain, left shoulder pain, left hand pain and bilateral knee pain and low back pain. There is tenderness right wrist, left wrist; left shoulder was moderately restricted on left side; cervical spine paraspinal spasm with restricted flexion and extension; lumbar spine revealed paraspinal spasms and tenderness at L3, L4 and L5. Left knee was swollen on lateral and medial side. Current requested treatments MRI right knee without contrast as outpatient; left knee without contrast; referral to specialist for consult bilateral knee and X-ray right shoulder. Utilization review 8-14-15 requested treatments are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Right Knee without contrast, as outpatient: 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 (Acute & Chronic).

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 request is for an MRI of the knee. The Official Disability Guidelines state the following regarding this topic: Indications for imaging; MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) In this case, the study is not indicated. This is secondary to poor documentation of qualifying factors as listed above. As such, the request is not certified.

MRI (magnetic resonance imaging), Left Knee without contrast, as outpatient: 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 (Acute & Chronic).

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 request is for an MRI of the knee. The Official Disability Guidelines state the following regarding this topic: Indications for imaging; MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult – non-trauma, non-tumor,

non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) In this case, the study is not indicated. This is secondary to poor documentation of qualifying factors as listed above. As such, the request is not certified.

Referral to specialist for consult for Bilateral Knee pain, as outpatient: 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 Official Disability Guidelines (ODG) Knee and leg/office visits.

Decision rationale: The request is for an orthopedic surgery office visit. The official disability guidelines state the following regarding this topic: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payers for possible evaluation, however, payers should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy. In this case, the request is reasonable. This is secondary to ongoing and increased documented pain and swelling in both knees which warrants specialty re-evaluation in light of the patients history. As such, the request is certified.

X-ray, Right Shoulder, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Indications for imaging.

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

Decision rationale: The request is for shoulder x-rays. The ACOEM guidelines state that radiographic films are indicated in cases of suspected fracture or dislocation, shoulder instability, or AC separation. When non-specific or overuse shoulder pain exists, no x-rays are advised. In this case, x-rays are not indicated. This is secondary to inadequate documentation of physical exam findings such as suspected fracture or dislocation after acute trauma. As such, the request is not certified.