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| Case Number: | CM15-0185324 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 04/16/2015 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old female, who sustained an industrial injury on April 16, 2015. Medical records indicate that the injured worker is undergoing treatment for bilateral wrist sprain-strain, bilateral internal derangement of the knees unspecified, bilateral ankle sprain-strain, right meniscus tear of the knee not elsewhere classified and right Pes Anserinus tendinitis or bursitis. The injured worker was working with light duty. On (8-6-15) the injured worker complained of right hand pain that radiated to the right shoulder with associated numbness and tingling. The pain was rated 7 out of 10 on the visual analogue scale. The injured worker also noted intermittent left knee pain which radiated to the thigh. The pain was rated 8 out of 10. Objective findings revealed tenderness to palpation of the bilateral wrists, reduced sensation in the hands and a positive Tinel's bilaterally. Examination of the knees revealed tenderness to palpation over the bilateral medial knees, full range of motion and positive McMurray's tests bilaterally. Examination of the bilateral ankles and feet revealed tenderness to pressure over the left lateral ankle. Sensation was intact and range of motion was within normal limits. Special orthopedic testing was negative. Treatment and evaluation to date has included medications and radiological studies of the knees and ankles. The progress note dated 4-22-15 notes that the injured worker was to start physical therapy. The medical records are unclear as to how many physical therapy sessions were completed. Current medications include Etodolac, Ketoprofen ER and Omeprazole. Current treatments requested include physical therapy 3 times a week for 4 weeks for the bilateral knees, left ankle and both wrists and an MRI of the bilateral knees. The Utilization Review documentation dated 8-17-15 modified the request for physical therapy to eight visits (original request #12) for the bilateral knees, left ankle and both wrists and non-certified the request for an MRI of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Three (3) Times a Week for Four (4) Weeks for the Bilateral Knees, Left Ankle, and Both Wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, and Ankle and Foot Complaints 2004, Section(s): Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity Alteration, Work Activities, Follow-up Visits, General Approach, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical Therapy; Forearm, Wrist, & Hand Chapter, Physical Therapy; Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for Physical Therapy Three (3) Times a Week for Four (4) Weeks for the Bilateral Knees, Left Ankle, and Both Wrists, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for all locations and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for Physical Therapy Three (3) Times a Week for Four (4) Weeks for the Bilateral Knees, Left Ankle, and Both Wrists is not medically necessary.

MRI of the Bilateral Knees: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment, General Approach, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI of the Bilateral Knees, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is documentation of ongoing knee pain with a positive McMurray's

test bilaterally, which is evidence of catching on physical examination testing suggestive of meniscal injury. The patient also has what is apparently joint line tenderness, which is also suggestive of meniscal injury. In light of the above, the currently requested MRI of the Bilateral Knees is medically necessary.