

<b>Case Number:</b>	CM15-0020355		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/23/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 54 year old male with an industrial injury dated 3/1/2014 due to cumulative trauma. Diagnoses were thoracic sprain/strain, lumbar sprain/strain, and right knee strain with secondary left knee strain from compensatory posturing changes. Additional medical history included anterior cruciate ligament (ACL) repair to the right knee in 1995 for non-work related ACL injury. Prior treatments included physical therapy, knee braces, and medications. On 1/12/15, x-ray of the thoracic spine showed spurs at multiple thoracic interspaces with no acute changes, x-ray of the lumbar spine showed degenerative findings and no acute changes, x-ray of bilateral knees showed postsurgical findings in the right knee and no fractures. He presents on 01/16/2015 with back pain in the upper and lower back. He also complains of pain in both knees. He denied locking or clicking of the knee. Work status was noted as light duty. Examination of the knees showed no tenderness on the medial or lateral joint line, no patellar subluxation, tenderness of the patella, no joint effusion, abduction/adduction stress testing negative for integrity of the collateral ligament, McMurray's test negative, range of motion normal and normal muscle strength of the left and right lower extremity. Gait was normal. There was tenderness of the thoracolumbar spine at the thoracic 7-8 and lumbar 1 region. Continuation of physical therapy was advised. Acupuncture was ordered, MRIs were ordered for the thoracic and lumbar spine and both knees for chronic but worsening back pain and bilateral knee pain, and orthopedist evaluation was ordered. On 1/23/15 the injured worker was noted to be on modified duty, and had completed 3 physical therapy visits. He continued to report thoracic back pain without radiation. His condition was reported to have not improved

significantly. He denied bladder or bowel dysfunction, numbness or tingling in the lower extremities, or leg weakness. Examination showed normal gait and posture, with spasm of the paravertebral muscles and tenderness of the thoracolumbar spine and paravertebral musculature, and no restriction of range of motion of the back. Patellar and Achilles deep tendon reflexes were 2 out of four, sensation was intact in the lower extremities, and straight leg raising test was negative. Physical therapy visit 4 of 6 was documented on 1/27/15. On 01/26/2015 Utilization Review non-certified continue physical therapy, acupuncture 6 visits, MRI thoracic spine, MRI lumbar spine, MRI left knee, and MRI right knee, citing the MTUS and ACOEM.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continue physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): p. 98-99.

**Decision rationale:** The records do not contain a sufficient prescription from the treating physician, which must contain diagnosis, duration, frequency, and treatment modalities, at a minimum. Reliance on passive care is not recommended. The physical medication prescription is not sufficiently specific, and does not adequately focus on functional improvement. No functional goals were discussed. Per the MTUS chronic pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise. The documentation indicates the injured worker had completed four out of 6 physical therapy visits as of 1/27/15. The current physical therapy prescription does not specify the number of visits or the body area to be treated. Physical medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. There is no evidence of functional improvement from the visits completed to date. Work status remains modified duty, office visits have continued and medication reduction was not documented. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

**Start Acupuncture x6 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. There is no evidence that this injured worker has received any treatment with acupuncture to date, and thus he/she may potentially be a candidate for a course of acupuncture. The injured worker was receiving physical therapy and had completed four out of 6 sessions by 1/27/15. The injured worker was documenting to be working with light/modified duty. The number of visits of acupuncture requested is within the parameters of the initial course of therapy defined by MTUS. As the injured worker is currently undergoing physical therapy, is working light duty, and has not had any prior acupuncture treatment, the request for acupuncture is medically necessary.

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p. 170-172, 177-179, 182.

**Decision rationale:** The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions (tumor, infection, fracture, or dislocation), physiological evidence of neurological dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. No electrodiagnostic or other studies consistent with physiologic evidence of neurologic dysfunction were documented. The MRI of the thoracic spine is not medically necessary based on the recommendations in the MTUS.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

**Decision rationale:** The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study.

Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. There was no documentation of findings to suggest specific nerve root compromise on neurologic examination, and no electrodiagnostic studies were documented. No red flag conditions were noted. Due to lack of indication, specifically lack of evidence of nerve root compromise or red flag conditions, the request for MRI of the lumbar spine is not medically necessary.

**MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): p. 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/leg chapter: MRIs.

**Decision rationale:** The ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Magnetic resonance imaging (MRI) is noted to be able to identify and define knee pathology for meniscus tear, ligament strain, ligament tear, patelofemoral syndrome, tendinitis, and prepatellar bursitis. The ODG states that soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. The ODG also states that in most cases, diagnosing osteoarthritis with an MRI is unnecessary. Indications for MRI of the knee per the ODG are acute trauma to the knee or suspicion of posterior knee dislocation or ligament or cartilage disruption, and nontraumatic knee pain with initial nondiagnostic radiographs and suspicion of internal derangement, or if radiographs demonstrate evidence of internal derangement. In this case, there was no documentation of knee trauma or suspicion of internal derangement of the knee. Examination of the knees showed no effusion, joint line tenderness, or positive provocative testing. Due to lack of findings consistent with internal derangement of the knee, the request for MRI of the left knee is not medically necessary.

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): p. 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/leg chapter: MRIs.

**Decision rationale:** The ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Magnetic resonance imaging (MRI) is noted to be able to identify and define knee pathology for meniscus tear,

ligament strain, ligament tear, patelofemoral syndrome, tendinitis, and prepatellar bursitis. The ODG states that soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. The ODG also states that in most cases, diagnosing osteoarthritis with an MRI is unnecessary. Indications for MRI of the knee per the ODG are acute trauma to the knee or suspicion of posterior knee dislocation or ligament or cartilage disruption, and nontraumatic knee pain with initial nondiagnostic radiographs and suspicion of internal derangement, or if radiographs demonstrate evidence of internal derangement. In this case, there was no documentation of knee trauma or suspicion of internal derangement of the knee. Examination of the knees showed no effusion, joint line tenderness, or positive provocative testing. Due to lack of findings consistent with internal derangement of the knee, the request for MRI of the right knee is not medically necessary.