

Case Number:	CM15-0024315		
Date Assigned:	02/17/2015	Date of Injury:	03/18/2012
Decision Date:	04/06/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on March 18, 2012. He has reported injuries to the back, right leg, right knee, right ankle, right foot, both lower extremities, and internal symptoms. The diagnoses have included lumbar sprain/strain, myospasm, right knee sprain/strain, rule out right knee internal derangement, right ankle sprain/strain, and rule out right ankle internal derangement. Treatment to date has included physical therapy, bracing, chiropractic treatments, and medications. Currently, the injured worker complains of mild, achy low back pain radiating to the mid back, occasional mild achy, right knee pain, constant severe sharp right ankle pain, numbness, and tingling, and loss of strength in the right foot. The Primary Treating Physician's report dated December 9, 2014, noted +3 tenderness to palpation of the lumbar paravertebral muscles and L4-S1 spinous processes, with the lumbar range of motion (ROM) decreased and painful. The right knee was noted to have decreased, painful range of motion (ROM) with +3 tenderness to palpation of the anterior knee, medial knee, and lateral knee. The right ankle was noted to show +3 tenderness to palpation of the dorsal ankle and lateral ankle, with decreased and painful range of motion (ROM). On January 19, 2015, Utilization Review non-certified a MRI lumbar spine, MRI right knee, MRI right ankle, aqua therapy three times a week for six weeks QTY: 18, referral pain management, referral orthopedic specialist, referral podiatrist, and a functional capacity evaluation, noting there was no current rationale presented to support the medical necessity of the referrals for podiatry, orthopedics, or pain management, no functional deficit or treatment goal documented to be addressed by aqua therapy, no documentation provided to support the

requests for MRI's, and the absence of guideline support without clear rationale for the functional capacity evaluation. The MTUS American College of Occupational and Environmental Medicine Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of a MRI lumbar spine, MRI right knee, MRI right ankle, aqua therapy three times a week for six weeks QTY: 18, referral pain management, referral orthopedic specialist, referral podiatrist, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines; 9th edition, Low Back and Thoracic (Acute & Chronic) MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain with numbness and tingling and right knee and ankle pain. Treatments have included physical therapy, bracing, chiropractic treatments, and medications. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan which therefore was not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines: Online Edition, Knee & Leg (Acute & Chronic) updated 10/27/14; MRI.

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), MRIs (magnetic resonance imaging).

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain with numbness and tingling and right knee and ankle pain. Treatments have included physical therapy, bracing, chiropractic treatments, and medications. The requesting provider documents findings of decreased and painful knee and ankle range of motion and tenderness with positive McMurray testing of the knee and anterior posterior drawer testing of the ankle. Applicable indications for obtaining an MRI of the knee

include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are nondiagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no reported findings by plain film x-ray. Therefore, an MRI of the knee is not medically necessary.

MRI right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines: 9th Edition, Ankle & Foot (Acute & Chronic) updated 12/22/14; MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), MRI; 1/2s (magnetic resonance imaging).

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain with numbness and tingling and right knee and ankle pain. Treatments have included physical therapy, bracing, chiropractic treatments, and medications. The requesting provider documents findings of decreased and painful knee and ankle range of motion and tenderness with positive McMurray testing of the knee and anterior posterior drawer testing of the ankle. Applicable criteria for obtaining an MRI of the ankle include chronic ankle pain when plain films are normal, or when there is suspicion of tarsal tunnel syndrome, a Morton's neuroma, or, when in a young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. In this case, none of these criteria is met and therefore the requested MRI of the ankle is not medically necessary.

Aqua therapy three times per week for 6 weeks QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain with numbness and tingling and right knee and ankle pain. Treatments have included physical therapy, bracing, chiropractic treatments, and medications. Physical examination findings include a height of 5 feet, 7 inches and weighs 200 pounds which corresponds to a BMI of 31.3. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities and in this case, the claimant has chronic right knee and ankle pain. However, in terms of physical therapy treatment for chronic pain,

guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

Referral Pain Management: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM: guidelines; evaluation and Management, second edition 2004 Page(s): 108.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain with numbness and tingling and right knee and ankle pain. Treatments have included physical therapy, bracing, chiropractic treatments, and medications. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain despite extensive conservative treatments. Therefore the requested pain management referral is medically necessary.

Referral Orthopedic specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines ACOEM: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, Chapter 7, page 127, Independent Medical Examinations and Consultations Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain with numbness and tingling and right knee and ankle pain. Treatments have included physical therapy, bracing, chiropractic treatments, and medications. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic complaints and the issue to be clarified and reason for the request is not specified. Therefore, the requested referral is not medically necessary.

Referral Podiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, Chapter 7, page 127, Independent Medical Examinations and Consultations Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain with numbness and tingling and right knee and ankle pain. Treatments have included physical therapy, bracing, chiropractic treatments, and medications. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic complaints and the issue to be clarified and reason for the request is not specified. Therefore, the requested referral is not medically necessary.

Functional capacity evaluation QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 137-138, functional capacity evaluations (FCEs) Page(s): 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter7, p63-64.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating low back pain with numbness and tingling and right knee and ankle pain. Treatments have included physical therapy, bracing, chiropractic treatments, and medications. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional therapy treatments. He is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.