

Case Number:	CM15-0028657		
Date Assigned:	02/20/2015	Date of Injury:	05/02/2013
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 5/02/2013. The diagnoses have included low back pain with occasional radiating pain into the right lower extremity and status-post reconstruction of the right knee with some residual deficits. Treatment to date has included home exercise, physical therapy, oral medications and chiropractic care. He underwent surgical repair of the right knee including ACL repair on 10/21/2014. Currently, the IW complains of intermittent low back pain with radiation and neck pain. He reported problems with full extension of the right knee. Objective findings included a non-antalgic gait. There is mild tenderness to palpation of the lower lumbar paraspinal musculature with mildly limited range of motion. On 2/04/2015, Utilization Review non-certified a request for magnetic resonance imaging (MRI) lumbar spine and physical therapy (2x6) for the lumbar spine and right knee noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/13/2015, the injured worker submitted an application for IMR for review of MRI lumbar spine and physical therapy (2x6) for the lumbar spine and right knee.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and Table 12-7 304.

Decision rationale: There is no question that MRI can help significantly with the identification of Disk Protrusion, Cauda Equina Syndrome, Spinal Stenosis and Post Laminectomy Syndrome BUT imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. As detailed in the providers note the member was continuing with a home exercise program, had a non-antalgic gait, no identifiable anatomic defects of the LS spine, only mild TTP and a ROM 90% of normal in all planes. Additionally sensation, strength and reflexes were all intact. There was no report of alarm symptoms or an acute flare in symptoms. Therefore the request does not rise to the threshold needed for approval. The UR Non-Cert is supported.

Physical Therapy 2 x 6 Lumbar Spine and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, 339, Chronic Pain Treatment Guidelines Part 2 Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The primary recommendation for interventions for knee pain and disability focus on the use of home based therapy. Sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems as an alternative to surgery or for postoperative rehabilitation. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The IW DOI was 5/12/13, an MRI 12/20/13 documented a chronic ACL disruption, surgical repair of the ACL with knee reconstruction was accomplished 10/21/14 with postop PT. However the benefits of this PT trial in functional improvement do not appear to have been documented. The available report does not discuss any acute exacerbation of LS pain but rather a benign examination. Of note, the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares of pain a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. The request for 12 episodes of PT in these circumstances cannot be justified. Therefore the UR Non-Cert is supported.

