

<b>Case Number:</b>	CM15-0224359		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: North Carolina  
 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 42-year-old male, who sustained an industrial injury on 12-5-14. Medical records indicate that the injured worker is undergoing treatment for left radioulnar and back syndrome, possible triangular fibrocartilage tear left wrist, thoracolumbar contusion, possible right medial meniscus tear and right lateral epicondylitis. The injured worker is currently not working. On (10-7-15) the injured worker reported having had an injection in the left wrist two weeks prior with good results. The injured worker complained of upper lumbar spine pain. The pain was characterized as dull, sharp and throbbing. The pain was intermittent, brought on by sitting, standing and reaching above his head. The pain was rated 4 out of 10 on the visual analog scale. The pain was better with therapy. Examination of the lumbar spine revealed tenderness of the upper paraspinal muscles. There was increased pain with forward flexion. Range of motion was normal except for extension which was 20 degrees. Special orthopedic testing were all negative. Strength and sensation were normal. Examination of the right knee was not provided. Treatment and evaluation to date has included medications, MRI of the right knee, urine drug screen and physical therapy (12). The MRI (8-18-15) of the right knee showed possible pigmented villonodular synovitis in the lateral condyle. Other tumors are not excluded. A contrast enhanced MRI was recommended. The injured worker was noted to have had physical therapy but does not do the exercises as frequently as necessary. Current medications include Motrin. The current treatment requests are for a contrast enhanced MRI of the right knee and physical therapy two times a week for six weeks to the lumbar spine. The Utilization Review documentation dated 10-22-15 non-certified the request for a contrast enhanced MRI of the right knee and physical therapy two times a week for six weeks to the lumbar spine.

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

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

**Contrast enhanced MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on knee complaints and imaging states: Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The patient does not have documented physical exam findings of knee instability or significant limitation in range of motion. Therefore, the request is not medically necessary.

**Physical therapy 2 times a week for 3 weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions. In the provided clinical documentation. Therefore, the request is not medically necessary.