

<b>Case Number:</b>	CM15-0051364		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old male, who sustained an industrial injury on February 20, 2014. He has reported neck pain, lower back pain, right shoulder pain, right elbow pain, and right knee pain. Diagnoses have included chondromalacia/patella, shoulder impingement, lumbar spine strain/sprain, cervical spine strain/sprain, and right medial epicondylitis. Treatment to date has included medications and imaging studies. A progress note dated March 2, 2015 indicates a chief complaint of neck pain, lower back pain, right shoulder pain, right elbow pain, and right knee pain. The treating physician documented a plan of care that included medications, a magnetic resonance imaging, and physical therapy. Utilization Review on March 9, 2015, non-certified the requests for right knee MRI without intra-articular contrast, and physical therapy for the cervical spine, lumbar spine, and right shoulder, twice weekly for four weeks. CA MTUS and ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee MRI without intra-articular contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 342-343.

**Decision rationale:** Per the cited ACOEM guideline, special studies are not needed to evaluate most knee complaints, until after a period of conservative care and observation. However, if there is a history of trauma with red flags, such as inability to walk four steps, or inability to flex knee to 90 degrees. Based on the available medical records for the injured worker (IW), there are no red flags in the history or exam, and there is no documentation of the IW's functional status. In addition, there is no documentation of prior conservative management other than medications. Therefore, the request for right knee MRI without intra-articular contrast is not medically necessary.

**Physical therapy for the cervical and lumbar spine and right shoulder, twice weekly for four weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 99.

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

**Decision rationale:** According to the MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, patients are instructed and expected to continue active therapies at home to maintain improvement levels. The primary difficulty with this case is that the documentation is poor concerning the history of prior treatments and efficacy. In addition, there are some portions of the physical exam that are sparse. However, based on the medical documentation that is available, physical medicine may be a reasonable treatment option for his diagnoses, and to reasonably assess functional improvement and compliance. Therefore, the request for physical therapy for the cervical spine, lumbar spine, and right shoulder, twice weekly for four weeks, is medically necessary and appropriate.