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| Case Number: | CM15-0052123 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 12/21/2000 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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

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 78 year old male, who sustained an industrial injury on 12/21/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having multi level degenerative disc disease and spondylosis of the lumbar spine, status post fusion from L4-S1, associated with lower extremity radiculopathy and neuropathy, followed by exploration of the lumbar fusion with an extension of the fusion to L2 in 2006, followed by removal of the retained hardware in 2008, bilateral sacroiliac joint sprains with probable arthritis, bilateral shoulder rotator cuff tears, status post surgery on the left, right elbow triceps tendon rupture, status post surgery. Treatment to date has included conservative measures, including diagnostics, transcutaneous electrical nerve stimulation unit, ankle-foot orthosis braces, and medications. Currently, the injured worker complains of multiple falls, with increased low back and left knee pain. Motor test of the lower extremities showed generalized weakness in all of the muscles, with atrophy of the calf muscles. The left knee showed no effusion and medial joint line tenderness. Current medication regime was not documented. The treatment plan included evaluation and management of his left knee and magnetic resonance imaging of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Evaluation and Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for evaluation and management of left knee pain, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is not clearly documented how this patient is being treated for his left knee pain, what medication or conservative treatment such as physical therapy this patient has utilized. While an initial evaluation may be necessary, there is no clear documentation of what type of management beyond the patient's current treatment is sought. Unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested evaluation and management of the left knee not medically necessary.

1 MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI Topic.

Decision rationale: Regarding the request for MRI of the knee, ACOEM Practice Guidelines state that 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. The ODG Indications for MRI of the knee include the following: Acute trauma to the knee, including significant trauma (ie, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate

normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of traumatic knee pain. However, there is no documentation that plain radiographs have been used to assess the knee pain. There is no identification of any red flags or documentation that conservative treatment aimed towards the left knee has failed. In the absence of such documentation, the currently requested MRI is not medically necessary.