MAXIMUS Federal Services

Case Number:	CM15-0060772		
Date Assigned:	04/07/2015	Date of Injury:	09/08/2014
Decision Date:	05/22/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/31/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for low back and knee pain reportedly associated with an industrial injury of September 8, 2014. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the lumbar spine and MRI imaging of the knee. The claims administrator referenced a February 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a medical-legal report dated April 13, 2015, the medical-legal evaluator noted that the applicant had had knee MRI imaging on February 20, 2015 notable for the applicant exhibiting meniscal ligamentous tear. The applicant did have evidence of chondromalacia noted, the medical-legal evaluator stated. The applicant was asked to pursue a knee arthroscopy to include plica excision and and chondroplasty. In a medical-legal evaluation dated February 9, 2015, the medical-legal evaluator stated that the applicant had not undergone MRI imaging of the knee. The applicant had ongoing complaints of knee pain which had persisted despite receipt of prior physical therapy. The applicant was on Motrin for pain relief but was still using a knee brace. Lifting heavy articles remained problematic. A positive McMurray maneuver was noted. The medical-legal evaluator suggested that the applicant employ MRI imaging of the knee so as to determine the applicant's suitability for an arthroscopic medial meniscectomy. The applicant was returned to work, per the medical-legal evaluator. In a February 18, 2015 progress note, the applicant's treating provider, however, stated that the applicant would remain off of work, on total temporary disability owing to ongoing complaints of popping, locking, and giving way about the knee. Tenderness about

the lumbar spine was noted. MRI imaging of the knee and further physical therapy to include modalities such as TENS, ultrasound, and interferential stimulation were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, 2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98-99; 8.

Decision rationale: No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, one of the operating diagnoses here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Medical Treatment Guidelines to the effect that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, February 18, 2015. The applicant had seemingly failed to progress with earlier physical therapy, it was suggested on that date. The applicant's failure to return to work despite receipt of somewhere between 6 and 14 sessions of prior physical therapy, thus, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of the same. The attending provider's failure to state on February 18, 2015 that the physical therapy in question was intended to deliver multiple passive modalities, including whirlpool therapy, ultrasound therapy, interferential stimulation, etc. Such dependence on passive modalities, however, was incompatible with the injunction on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ such passive modalities "sparingly" during the chronic pain phase of a claim. Therefore, the request was not medically necessary.

MRI (magnetic resonance imaging), Left Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: Conversely, the request for MRI imaging of the knee was medically necessary, medically appropriate, and indicated here. Both the applicant's primary treating provider (PTP) and medical-legal evaluator suggested that they suspected a meniscal tear. The MTUS Guidelines in ACOEM Chapter 13, Table 13-2, page 335 notes that MRI imaging can be employed to confirm a diagnosis of meniscal tear but should be employed only in applicants in whom surgery is being considered or contemplated. Here, both the medical-legal evaluator, and the attending provider did, in fact, suggest that the applicant was considering and/or contemplating surgical intervention involving the knee. The knee MRI imaging, while negative for meniscal derangement, did demonstrate evidence of marked chondromalacia. The applicant was, per the medical-legal evaluator, apparently cannot pursue a chondroplasty procedure to ameliorate the same. The knee MRI in question, thus, did influence the treatment plan. The applicant did seemingly go on to consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.