MAXIMUS Federal Services

Case Number:	CM15-0084164		
Date Assigned:	05/06/2015	Date of Injury:	03/08/2013
Decision Date:	07/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old woman sustained an industrial injury on 3/8/2013 after being struck in a motor vehicle accident. Evaluations have included undated MRIs of the cervical and lumbar spine, left knee, and bilateral shoulders. Diagnoses include head trauma with residual headaches and vision changes, neck trauma, cervical and lumbar spine disc bulges, bilateral shoulder partial rotator cuff tears, and right knee sprain/strain with internal derangement. Treatment has included oral medications and physical therapy. Physician notes dated 1/16/2015 show complaints of pain in the neck, low back, bilateral shoulders, and bilateral knees. Recommendations include MRI of the right knee, neurology consultation, opthamology consultation, ultrasound of the neck, and physical therapy, ultrasound, massage, and therapeutic exercises at [redacted], and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the 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 (ODG), Knee & Leg, Indications for imaging-MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG under Knee and Leg Chapter on MRIs.

Decision rationale: The patient presents with traumatic injury to the head, neck, low back, bilateral shoulders, bilateral knees and pelvis. She has problems with bleeding from her vagina with blood in her urine. The current request is for an MRI for the left knee. The current diagnosis is left knee medial meniscus tear with effusion, tenderness to palpation and positive McMurray's test. The treating physician report dated 3/25/15 (506b) states, "Request authorization for MRI scan of the left knee. The ACOEM guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture." Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The records do not show any previous MRI of the left knee. The treating physician is requesting an MRI of the left knee to evaluate for meniscal tear. The current request is medically necessary.

Neurology referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations regarding Referrals, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with traumatic injury to the head, neck, low back, bilateral shoulders, bilateral knees and pelvis. She has problems with bleeding from her vagina with blood in her urine. The current request is for a Neurology referral. The treating physician states, Request authorization for neurology evaluation, secondary to blood in urine. The ACOEM guidelines state that referral to other specialists may be made if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. However, the treating physician has not provided any medical rationale for this referral as this request does not provide any neurological findings to suggest causation for the hematuria. The current request is not medically necessary.

OBGYN referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations regarding Referrals, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with traumatic injury to the head, neck, low back, bilateral shoulders, bilateral knees and pelvis. She has problems with bleeding from her vagina with blood in her urine. The current request is for an OBGYN referral. The treating physician states, Request authorization for OBGYN evaluation, secondary to bleeding from vagina. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise is required to assess the vaginal bleeding. The current request is medically necessary.

Rehabilitation program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The patient presents with traumatic injury to the head, neck, low back, bilateral shoulders, bilateral knees and pelvis. She has problems with bleeding from her vagina with blood in her urine. The current request is for a Rehabilitation program. The treating physician states, "Request authorization for rehabilitation at [redacted] for brain injury." The MTUS guidelines have specific criteria for multidisciplinary rehabilitation programs and the maximum number of sessions is stated as 20 full day sessions. In this case, the treating physician has not documented any of the required criteria and the current request does not have a duration or frequency for this program. The current request is not medically necessary.