

Case Number:	CM15-0086374		
Date Assigned:	05/08/2015	Date of Injury:	02/07/2000
Decision Date:	06/23/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: Internal 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 injured worker is a 73 year old female, who sustained an industrial injury on 2/7/2000. Initial complaints were not reviewed. The injured worker was diagnosed as having osteoarthritis NOS lower leg; depressive disorder; internal derangement of knee. Treatment to date has included status post left knee arthroscopy (2005); status post left knee medial/unilateral compartmental replacement (2009); physical therapy; medications. Currently, the PR-2 notes from this provider are all hand written. The PR-2 note dated 3/9/15 indicated the injured worker complains of low back pain 9-10/10 radiating to the bilateral lower extremities and left knee pain 8-9/10 with knee giving out and the right knee pain is a 6/10. Objective findings indicate ambulation is slow and the right knee has crepitus. She has difficulties with activities of daily living such as cleaning and cooking. She is a status post left knee medial/unilateral compartmental replacement (2009). The provider is requesting an updated lumbar MRI, 6 sessions' physical therapy, health home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The psychological treatment report dated 2/26/15 documented that the patient arrived on time for her appointment today. She is dressed in appropriate and stylish clothing. She is polite, cooperative, reliable, and exhibits a bright affect. Her eye contact and spontaneity are appropriate. She is correctly oriented to time, place, person, and purpose. She denies any intent to harm herself or others. The patient states that her life continues to go well. She still loves living alone in her own apartment. She is getting out much more and has a network of friends. She is walking quite stiffly today and states that she is in pain. She states that her physical therapy was interrupted for a number weeks but has been reinstated and that is where she is going this afternoon. At times, she is having trouble standing to cook dinner or to do any housework due to an increase in knee pain. Date of injury was 02-07-2000. The primary treating physician's progress report dated 3/9/15 documented subjective complaints of low back pain radiating to bilateral lower extremities, and bilateral knee pain. Objective findings demonstrated left knee healed surgical incision. Right knee crepitus was noted. The patient was ambulating slowing with forward bending. Diagnoses were lumbosacral disc degeneration, knee meniscus tear, knee internal derangement. Treatment plan included a request for physical therapy. Updated MRI lumbar spine was requested. No new lumbar spine injuries were reported. The dates and results of past MRI were not documented. No plain film radiographs results were documented. No physical examination of the lumbar spine was documented. No range of motion was documented. No tenderness of the lumbar spine was documented. No neurologic deficits were documented. No discussion of the need for a repeat updated lumbar spine MRI was documented. There was no evidence of cauda equina, tumor, infection, or fracture. The request for MRI of the lumbar spine is not supported by MTUS guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.

6 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) recommends 10 physical therapy visits for sprained shoulder and neck sprains and strains. The psychological treatment report dated 2/26/15 documented that the patient arrived on time for her appointment today. She is dressed in appropriate and stylish clothing. She is polite, cooperative, reliable, and exhibits a bright affect. Her eye contact and spontaneity are appropriate. She is correctly oriented to time, place, person, and purpose. She denies any intent to harm herself or others. The patient states that her life continues to go well. She still loves living alone in her own apartment. She is getting out much more and has a network of friends. She is walking quite stiffly today and states that she is in pain. She states that her physical therapy was interrupted for a number weeks but has been reinstated and that is where she is going this afternoon. At times, she is having trouble standing to cook dinner or to do any housework due to an increase in knee pain. The primary treating physician's progress report dated 3/9/15 documented subjective complaints of low back pain radiating to bilateral lower extremities, and bilateral knee pain Objective findings demonstrated left knee healed surgical incision. Right knee crepitus was noted. The patient was ambulating slowing with forward bending. Diagnoses were lumbosacral disc degeneration, knee meniscus tear, knee internal derangement. Treatment plan included a request for physical therapy. No range of motion was documented. No tenderness was documented. No neurologic deficits were documented. Date of injury was 02-07-2000. No functional improvement with past PT physical therapy was documented. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Without documented functional improvement with past PT physical therapy, the request for additional 6 visits of physical therapy, and is not supported. Therefore, the request for physical therapy is not medically necessary.

Health home care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page 51.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. The psychological treatment report dated 2/26/15 documented that the patient arrived on time for her appointment today. She is dressed in appropriate and stylish clothing. She is polite, cooperative, reliable, and exhibits a bright affect. Her eye contact and spontaneity are appropriate. She is correctly oriented to time, place, person, and purpose. She denies any intent to harm herself or others. The patient states that her life continues to go well. She still loves living alone in her own apartment. She is getting out much more and has a network of friends. She is walking quite stiffly today and states that she is in pain. She states that her physical therapy was interrupted for a number weeks but has been reinstated and that is where she is going this afternoon. At times, she is having trouble standing to cook dinner or to do any housework due to an increase in knee pain. Date of injury was 02-07-2000. The primary treating physician's progress report dated 3/9/15 documented subjective complaints of low back pain radiating to bilateral lower extremities, and bilateral knee pain. Objective findings demonstrated left knee healed surgical incision. Right knee crepitus was noted. The patient was ambulating slowing with forward bending. Diagnoses were lumbosacral disc degeneration, knee meniscus tear, knee internal derangement. No range of motion was documented. No tenderness was documented. No neurologic deficits were documented. Treatment plan included a request for physical therapy. Home care was requested. Patient has difficulty with cleaning and cooking. MTUS Chronic Pain Medical Treatment Guidelines indicates that home health services are recommended only for medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. The patient is not homebound. The patient is ambulatory. The request for home care is not supported MTUS guidelines. Therefore, the request for home care is not medically necessary.