

Case Number:	CM15-0235492		
Date Assigned:	12/10/2015	Date of Injury:	05/18/2013
Decision Date:	01/20/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 50 year old female who sustained an industrial injury May 18, 2013. Past treatment included medication, physical therapy, injections left foot, and modified duty. Diagnoses are acute tenosynovitis, plantar fasciitis: fibromatosis, knee degenerative osteoarthritis, and knee synovitis. According to a podiatrists report dated August 24, 2015, the injured worker presented status post left heel surgery (June, 2014) with pain to the side of the left heel. She reported her orthotic arches are too high. Objective findings included tenderness to palpation plantar medial left heel, no pain or crepitus with range of motion, muscle strength 5 out of 5, and an audible and palpable click with right knee range of motion. Treatment plan included modification of custom orthotics and the arch height lowered, released to full duty operating a forklift. An orthopedic consultation dated August 25, 2015, found the injured worker with complaints of constant right knee pain with swelling and weakness, and an occasional loss of balance and recent buckling. Focused examination revealed: gait normal, right knee positive for effusion, synovitis and atrophy, rated at 1+, right and left range of motion 0-135 degrees, subpatellar crepitation positive 1-2+, and sensation lower extremity: normal. At issue, is the request for authorization for right knee MRI and massage therapy for the left foot. According to utilization review dated November 5, 2015, the requests for an MRI of the right knee and Massage Therapy for the left foot 2 x 4 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI's (magnetic resonance imaging).

Decision rationale: Per the ODG guidelines regarding MRI of the knee: Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. (ACR, 2001) See also ACR Appropriateness Criteria. Diagnostic performance of MR imaging of the menisci and cruciate ligaments of the knee is different according to lesion type and is influenced by various study design characteristics. Higher magnetic field strength modestly improves diagnostic performance, but a significant effect was demonstrated only for anterior cruciate ligament tears. (Pavlov, 2000) (Oei, 2003) A systematic review of prospective cohort studies comparing MRI and clinical examination to arthroscopy to diagnose meniscus tears concluded that MRI is useful, but should be reserved for situations in which further information is required for a diagnosis, and indications for arthroscopy should be therapeutic, not diagnostic in nature. Indications for imaging: MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption, Non-traumatic knee pain, child or adolescent: nonpatellofemoral symptoms, Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion), next study if clinically indicated. If additional study is needed: non-traumatic knee pain, child or adult, patellofemoral (anterior) symptoms, initial anteroposterior, lateral, and axial radiographs: non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected: non-traumatic knee pain: adult, non-trauma, non-tumor, non-localized pain, Initial anteroposterior and lateral radiographs: non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected: non-traumatic knee pain: adult, non-trauma, non-tumor, non-localized pain, initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g. Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) Per the medical records submitted for review, the injured worker complained of constant right knee pain with swelling and weakness, and an occasional loss of balance and recent buckling. Physical exam noted normal gait, right knee positive for effusion, synovitis and atrophy, right and left range of motion 0-135 degrees, subpatellar crepitation positive 1-2+, sensation lower extremity, normal. X-ray of the right knee demonstrated mild tibial spine spurring. I respectfully disagree with the UR physician's assertion that the documentation did not contain examination findings related to the knee. As the injured worker has persistent non-traumatic knee pain, the request is medically necessary.

Massage therapy for the left foot, 2x a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic): Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Per the MTUS guidelines with regard to massage therapy: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain." The request is not medically necessary.