

Case Number:	CM14-0115107		
Date Assigned:	09/16/2014	Date of Injury:	01/31/2013
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in New Jersey and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 year-old woman who was injured in a motor vehicle accident while performing her job requirements on 1/31/13. She was diagnosed with left knee strain/sprain and contusion, cervical and lumbar spine strain/sprain, and symptoms of anxiety and depression. She had an initial x-ray of cervical, thoracic, and lumbar spine and left knee but there was no documentation of results and was prescribed physical therapy which worsened her pain. She had an MRI of the left knee in 5/2013 showing degeneration of left medial meniscus but no meniscal tear. She had a cortisone injection at some point in her course of treatment. She complained of neck pain which radiated to both shoulders. In addition to the low back pain, she complained of left knee pain with tingling in her lower extremity. On exam, she had tender left knee with moderate tenderness of the medial and lateral side of the patella, normal range of motion, equal lower extremity reflexes, and normal strength and sensation bilaterally. In 10/2013, she had an MR Arthrogram of the left knee showing tiny partial thickness articular cartilage fissure to the lateral facet of the patella near the median ridge, with no meniscal tear and foci of patellar tendinosis. She was treated with shock wave therapy with minimal relief, physical therapy, Soma, and Norco. In 2/2014, she was noted to have left knee pain, neck pain with headaches, low back pain, anxiety and depression, and insomnia due to pain. She had difficulty with self-care, writing, and housework. She had pain at the L5-S1 dermatome and walked with a limp. She was also diagnosed with hematoma of the left knee and medial proximal tibia. Anaprox and Ultram were prescribed at this time. In 3/2014, she had normal nerve conduction test of both lower extremities and was started on acupuncture. She had a left knee arthroscopy on 4/16/14 with partial medial meniscectomy for the edge tear of the posterior horn of the medial meniscus. In 6/2014, She had decreased range of motion of left knee and lumbar spine, tenderness and spasm of lumbar spine, and she continued with weakness of bilateral toe extension, and

decreased sensation of an "incomplete nature" of both L4, L5, S1 dermatome. At this time, the current request is for US and injection of left knee with anesthetics and steroids, MRI of lumbar and cervical spine, post-operative physical therapy, and psychosocial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

US/Injection, Lidocaine, Marcaine, Depomedrol, Aspiration/Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 339.

Decision rationale: According to ACOEM guidelines, invasive techniques such as needle aspiration and cortisone injections of the knee are not routinely indicated. Knee aspirations carry inherent risk of subsequent intraarticular infection and may only be indicated if there is concern for a septic knee which is not the case for this patient. The patient had left knee arthroscopy with partial medial meniscectomy two months ago and a steroid injection would likely slow the healing process. Therefore, an injection with anesthetics and steroid is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: An MRI of the cervical spine is not medically necessary according to ACOEM guidelines. The patient did not have any red flags, or neurologic findings on physical exam requiring evaluation with a cervical MRI. MRIs often reveal false-positives that increase diagnostic confusion and have no temporal association with the symptoms.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): 304.

Decision rationale: An MRI of the lumbar spine is not medically necessary because the patient does not have any red flag conditions or neurological deficits following one nerve root. She had a normal EMG & NCV of bilateral lower extremities revealing no peripheral polyneuropathy or

motor lumbosacral radiculopathy. Often times, findings on MRI lumbar are false-positives that existed prior to the injury and have no temporal association with the symptoms.

Diagnostic us of left knee and proximal tibia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee And Leg

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, Ultrasound, diagnostic

Decision rationale: US of the left knee is not medically necessary. Soft tissue injuries of the knee including meniscal tear, chondral surface injuries, and ligamentous disruptions are best evaluated by MRI. US of the knee is typically used for assisting injections or aspirations of the knee. As the left knee injection is also denied in this review, there is no need for the left knee ultrasound.

Post operative physical therapy 2 x a week for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the MTUS, the recommended number of physical therapy sessions after a knee meniscectomy is 12 visits over 12 weeks. The original request for 2 sessions per week for 6 weeks was not medically necessary as it would have used up the allotted number of sessions in half the amount of weeks. The request is not medically necessary.

Psychosocial evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychosocial evaluation Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The patient developed anxiety and depression after her motor vehicle accident that resulted in neck, back, and knee pain. There was no documented previous history of psychiatric complaints. According to MTUS, psychological evaluations are generally accepted, well-established procedures in patients with pain problems. It can be used to determine if further psychosocial interventions are needed. This evaluation can allow clinicians to plan a more effective rehabilitation program for the patient. One trial found that it is feasible to lower the risk of for work disability by administering a cognitive-behavioral intervention focusing on the psychological aspects of the pain problem. In a large randomized control trial,

the benefits of depression care included decreased pain and improved functional status. Because of these reasons, a psychosocial evaluation is medically necessary.