

<b>Case Number:</b>	CM14-0138994		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 41 year-old with a date of injury of 06/09/14. A progress report associated with the request for services, dated 07/25/14, identified subjective complaints of neck, mid, and low back pain as well as left knee pain. Objective findings included tenderness to palpation of the cervical and lumbar spine and left knee. There was decreased sensation in the S1 dermatome. Reflexes were normal. There was crepitus of the knee. No laxity was noted. Diagnoses included (paraphrased) cervical sprain/strain; thoracolumbar sprain/strain with bilateral radiculitis; left knee sprain/strain and patellofemoral arthralgia. Treatment had included physical therapy and medications including an NSAID. A Utilization Review determination was rendered on 08/14/14 recommending not medically necessary of "One Magnetic Resonance Imaging (MRI) of the Lumbar Spine; Eight Aquatic Therapy Sessions; and One Diagnostic Ultrasound Study of the Left Knee Between.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Magnetic Resonance Imaging (MRI) of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303;309.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are no documented unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. Therefore, the medical record does not document the medical necessity for an MRI of the Lumbar Spine.

**Eight Aquatic Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22; 99. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, Aquatic Therapy

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) state that low-stress aerobic exercise is recommended with low back pain. The MTUS and the Official Disability Guidelines (ODG) state that aquatic therapy is recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. The frequency of visits for lumbar disc disease, neuralgia, neuritis, and radiculitis include 8-10 visits over 4-8 weeks. In general, the Guidelines allow for fading of treatment frequency (from up to 3 visits per week to one or less) plus active self-directed home Physical Medicine. The record indicates that the patient has received at least 9 physical therapy sessions. 8 Aquatic Therapy Sessions would exceed the physical medicine recommendations of a total of 8-10 visits as well as fading of therapy. Functional deficits are not documented nor the expected functional improvement from Aqua Therapy. Additionally, there is no documentation of self-directed home physical therapy. Therefore, there is no documented medical necessity for further Aquatic Therapy.

**. One Diagnostic Ultrasound Study of the Left Knee Between:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee, Ultrasound, Diagnostic

**Decision rationale:** The Medical Treatment Utilization Schedule does not address ultrasounds of the knee. The Official Disability Guidelines (ODG) state that an ultrasound of the knee is indicated as guidance for injections. They further state that magnetic resonance is the study of choice for soft-tissue injuries. Therefore, there is no documentation for the medical necessity of a Knee Ultrasound.