MAXIMUS Federal Services

Case Number:	CM14-0162043		
Date Assigned:	10/07/2014	Date of Injury:	02/23/2003
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 Utah. 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 patient is a 49 year-old female. The patient's date of injury is 2/23/2003. The mechanism ofinjury is not stated, only secondary to industrial injuries and cumulativetrauma from those injuries.The patient has beendiagnosed with bilateral knee injury, low back injury, bilateral hip injury,Total Knee replacement, right knee arthroscopy.The patient's treatmentshave included imaging studies, physical therapy, and medications.The physical examfindings dated March 11, 2014 states a very complex examination of the patientsknees, lower extremities in general, hips, lumbosacral spine, thoracolumbarspine, cervical spine. The neurological exam was minimally changes exceptfor knee findings which were more positive and continued significant weaknessof all the major muscle groups of both lower extremities, which appeared to beworse than a couple of months ago. Note of 2/20/2014 states the L spineexam as tightness of the paraspinal muscles in the lower thoracic and lumbarspine, with Straight leg testing as positive.The patient'smedications have included, but are not limited to, Flexeril, Lidoderm, Lunesta,Maxalt, Norco,Protonix, Singulair, Xopenex, Diovan, Flonase, Fish Oil, Flovent, Mucinex,Amlodipine, Aspirin, and Ferrous Sulfate. Patient has completed atleast 8 sessions of physical therapy previously. The clinical documents alsostate the patient has had a change in neurological findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T MRI of the Lumbosacral Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Page(s): 305.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI. The clinical documents state the patient has had a change in neurological findings. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is indicated as a medical necessity to thepatient at this time.

Physical Therapy 2x4 to the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy sessions. The clinical records lack documentation that the patient has improved in function or pain with the previous sessions. The records also lack documentation that the patient completed a home exerciseprogram after finishing the previous sessions. According to the clinical documentationprovided and current MTUS guidelines; additional physical therapy sessions, as written above, are not medically necessary.