MAXIMUS Federal Services

| Case Number: | CM14-0192277 | | |
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| Date Assigned: | 11/25/2014 | Date of Injury: | 06/20/2006 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old female with a work injury dated 6/20/06. The diagnoses include cervicalgia, postlaminectomy syndrome of the lumbar region, drug dependence not otherwise specified; status post 2 level cervical fusion; right shoulder secondary tendinitis; right knee sprain; right foot ankle/sprain with worsening after right ankle contusion 5/15/10. Under consideration are requests for magnetic resonance imaging (MRI) of the right knee; MRI of the ankle; follow up with [redacted]; massage therapy 6 visits cervical, right knee, right ankle. There is a 10/9/14 progress note that states that the patient is continuing to have pain with standing and walking. She describes neuropathic pain down both forearms, left shoulder is better than right. She has pain right knee, right foot/ankle, increasing with standing, walking, pushing, pulling, lifting. Pain range is between 5 and 8/10. Sitting tolerance 15 minutes, stand 15 minutes, walk 15 minutes, lift 10 pounds. She can handle some walking but not much. Pain diagram reflects bilaterally hand/wrist pain, bilateral shoulder pain as well as upper midback and left upper extremity dysesthesias. On exam She is alert, lucid, in no acute distress.She has a stocky neck. Cervical rotation bilaterally 45 degrees with end point pain. Both shoulders abduct 130 degrees with some stiffness and soreness. Elbow flexion/extension is full. Grip and thumb to index finger, thumb to little finger pinch is full. The assessment states that she has right knee internal derangement and will defer to Ortho for plan; cervical sprain status post 2-level cervical fusion; cervical-occipital headaches; left shoulder sprain with rotator cuff tendinitis and partial tearing; right shoulder secondary tendinitis, recurring; right knee sprain with probable recurrent internal loose bodies; Previously, benefitted from arthroscopy, debridement and removal of loose bodies by orthopedic physician. Recurrent loose bodies anticipated by same physician. Right foot/ankle sprain with worsening after right ankle contusion 05/15/2010. (Also, filed as a separate injury,

and, due to the incident putting her back off work and we have not improved to the point where we were before and she will probably need an additional surgery.) The request for authorizations include a follow up visit with pain management to review prospect for additional blocks, cervical MVB vs RFA vs epidurals; new request with material change in facts for right knee MRI, right ankle MRI, given increasing pain, crepitation, deconditioning and increased risk for heart attack and strokes warranting material change in fact and worsening of condition as well as this being an expedited request given the deconditioning and increased risk of early death from heart attacks and strokes, as supported by medical literature; continue monthly medication management with pain management physician; there is a new request for 6 sessions of massage therapy, 1-2 a week, 6 weeks, 6 sessions, to try to improve her upper back, neck mobility, and reduce some of the spasms. In the meantime, she will proceed with the injections as may be recommended by the pain management physician; request authorization for 6 sessions of massage therapy to work on her myofascial pain, upper back/neck, in conjunction with Pain Management consult. ODG and MTUS support massage therapy. Goal is to try to increase mobilization. She might need repeat surgery on her neck if this is not working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Rt Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Page(s): 78 of 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- MRI's (magnetic resonance imaging)

**Decision rationale:** Magnetic resonance imaging (MRI) of the right knee is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) or Official Disability Guidelines (ODG) guidelines. The MTUS ACOEM states that an MRI can be ordered for suspected instability/ligament injuries. The ODG states that a knee MRI can be ordered if internal derangement is suspected. The ODG states that an MRI can be ordered post-surgical if need to assess knee cartilage repair tissue. The recent physical exam findings do not reveal a red flag condition or evidence of knee instability that would require an MRI of the right knee. The request for an MRI of the right knee is not medically necessary.

**MRI ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Page(s): 78 of 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle- MRI

**Decision rationale:** Magnetic resonance imaging (MRI) of the right ankle is not medically necessary per the American College of Occupational and Environmental Medicine (ACOEM) California MTUS guidelines. The guidelines state that for patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The Official Disability Guidelines (ODG) states that an ankle MRIU can be ordered in chronic ankle pain, with suspected osteochondral injury, plain films normal; suspected tendinopathy; pain of uncertain etiology with plain normal films, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular; an athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable; suspected of having tarsal tunnel syndrome; Morton's neuroma is clinically suspected; plantar fasciitis is suspected clinically. The guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has had a prior ankle MRI. There are no objective findings of this ankle MRI and it is unclear when this was performed. The most recent physical exam findings do not reveal red flag findings upon ankle exam that would necessitate a new ankle MRI therefore the request is not medically necessary for an MRI of the right ankle.

**Follow up with [redacted]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Page(s): 78 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cornerstones of Disability Prevention and Management page Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits

**Decision rationale:** Follow up with [redacted] is not medically necessary per the California Medical Treatment (MTUS) Guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The Official Disability Guidelines (ODG) states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that the patient has a pending orthopedic follow up appointment for spine pain. A follow up with pain management may be appropriate pending this orthopedic visit however at this point a follow up with both specialists is not medically necessary.

**Massage therapy 6 visits cervical, Rt knee, Rt ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot- massage; ODG- knee

**Decision rationale:** Massage therapy 6 visits for the cervical, right knee and right ankle is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. There is also no evidence this will be an adjunct to an exercise program. The Official Disability Guidelines (ODG) does not recommend massage for the ankle and recommends massage for knee osteoarthritis. The documentation does not reveal objective radiographic evidence of osteoarthritis. There are no extenuating factors that would require going against guideline recommendations for ankle massage. Therefore, the request for massage therapy 6 visits cervical, right knee, right ankle is not medically necessary.