MAXIMUS Federal Services

Case Number:	CM14-0098104		
Date Assigned:	07/28/2014	Date of Injury:	02/21/2011
Decision Date:	10/01/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 California, Florida, and Tenessee. 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:

Patient with reported date of injury on 2/21/2011. Mechanism of injury is claimed as a slip and fall along with cumulative injury. Patient has diagnosis of enthesopathy of hips, sprain of hip/thigh, sprain of knee, lumbosacral neuritis and lumbar sprain. Medical reports reviewed. Last report available until 5/22/14. Patient complains of pain to both knees. Pain is 9/10 and improves to 4/10 with medications. Worsened with standing or walking. Also has some neck pains. Patient claims bilateral hip pains worsened with standing or walking. Patient claims low back pains. Worst with standing or lifting, pain radiates to bilateral lower extremities with numbness and tingling. Objective exam reveals guarded gait, normal cervical neck and thoracic back exam. Lumbar exam reveals tenderness and spasms over paralumbar muscles with decreased range of motion (ROM). Hip exam reveals tenderness to both hips with decreased ROM. Knee exam was positive for tenderness and tenderness with paterllar tracking. A Decreased ROM of knee is also noted. Note from 5/22/14 claims patient has persistent pain to both knees and hips for 1month despite "conservative treatment". Note claims that the exam is consistent with "internal derangement of the knees and hips". Magnetic resonance imaging (MRI) was requested for those claims. X-rays of bilateral knees (10/19/12) reveals bilateral osteoarthritis with effusion.CT scan of bilateral knees (6/24/11) reveals severe osteoarthritis mostly to medial compartment with large effusion. No medication list was provided but patient is reportedly on Tramadol, Anaprox, Protonix and Terocin and various creams. Patient has reportedly prior Orthovisc injections into knees, Independent Medical Review is for chiropractic hips times eight, physical therapy knees/lumbar times eight, MRI of bilateral knees and MRI of bilateral hips. Prior UR on 6/11/14 recommended modification of Chiropractic and physical therapy (PT) to 6sessions and non-certification of MRI of knee and hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic hips x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines, only low back pain may be recommended as an option of chiropractic manipulation with other body parts having no evidence of efficacy or not recommended. Guidelines also recommend 6 sessions and reassessment before more sessions are recommended. Requested chiropractic sessions are not medically necessary.

Physical Therapy knees, lumbar x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines, physical therapy may be recommended due to good evidence for improvement in pain and function. There is noted prior physical therapy (PT) sessions tried by patient. Guidelines recommend up to 8-10 sessions with home directed exercises. Physical therapy of knee and lumbar are is medically necessary.

MRI Bilateral Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Note from 5/22/14 claims patient has persistent pain to both knees and hips for 1month despite "conservative treatment". Note claims that the exam is consistent with "internal derangement of the knees and hips". MRI was requested for those claims. As per American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Knee imaging are recommended in red flag findings, failure to improve or signs of specific joint pathology requiring surgical intervention such as anterior cruciate ligament (ACL) tears. The report claiming "conservative treatment" and "internal derangement" is unjustified. There has not

been a real or actual attempt at conservative management of the knees. Patient does not have an exam consistent with internal derange of the knee. Patient has documented osteoarthritis of the knees. There is no indications for an MRI of the knee. MRI of bilateral knees is not medically necessary.

MRI Bilateral hip: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Hip and Pelvis>, <MRI(Magnetic resonance imaging)>

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic pain or American College of Occupational and Environmental Medicine (ACOEM) guidelines do not adequately have specific sections that deal with this topic. As per Official Disability Guidelines(ODG), MRI of the hips is an option after a plain radiograph. It may be considered in diagnosis of occult fractures, soft tissue injuries, tumors, osteonecrosis or soft tissue anomalies. There is not a single criteria met to recommend an MRI. There is no actual conservative treatment done such as physical therapy or exercise of the hips and there is no noted recent hip xrays. The provider has not documented a single concern that meets the indications for MRI. MRI of the hips is not medically necessary.