

Case Number:	CM14-0210165		
Date Assigned:	12/23/2014	Date of Injury:	03/01/2011
Decision Date:	02/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 62-year-old female with cumulative trauma from 01/08/2003 to 03/02/2011. The mechanism of injury was cumulative trauma and a fall. Diagnoses included lumbar degenerative disc disease with bilateral upper extremity radiculitis and status post total knee left arthroplasty. Her past treatment has included cortisone injections to the right knee, status post right knee arthroscopy in 2007, medial lateral partial meniscectomy 01/07/2009, status post right total knee arthroplasty 03/03/2011, status post left total knee arthroplasty 02/18/2014, postop physical therapy, a knee brace, and home exercise. Diagnostic studies included x-rays of the left knee, MRI of the right knee on 09/26/2008, which showed a tear in the posterior horn of the medial meniscus, MRI of the left knee on 10/22/2012, which showed a tricompartmental osteoarthritis; an MRI of the spine on 06/05/2012 which revealed multilevel disc protrusions at L1-S5. The injured worker reported on 10/28/2014 with complaints of left knee pain, which she described as moderate. She also reported neck and upper and low back pain, which she rated as 4/10. Examination to the left knee showed a well healed surgical scar. There is mild diffuse tenderness with no excessive arrhythmia noted. The left knee range of motion is 5 degrees to 110 degrees of flexion with mild discomfort. The lumbar range of motion was 3 to 110 degrees. Sensation was intact. Strength was normal bilaterally. Hip flexion, knee extension, and the ankle were all 5/5. The treatment plan was to further evaluate her extremity pain. Plan: cognitive behavior treatment and biofeedback, and aquatic therapy. Her current medications were noted to include trazodone, cyclobenzaprine, Naprosyn, omeprazole, ondansetron, ibuprofen, topical analgesic, tramadol, aspirin, hydrochlorothiazide, and Lyrica.

The request is for the MRI of the lumbar spine and additional physical therapy 3 times a week for the right knee. The rationale is due to chronic pain in the lumbar spine due to multilevel degenerative disc disease and facet arthropathy/hypertrophy, and status post knee surgery 02/2014. The Request for Authorization was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI Lumbar Spine is not medically necessary. The injured worker reported with complaints of left knee pain, neck and upper/low back pain, The current guidelines state that repeat MRI is not routinely recommended, as it should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. An MRI of the lumbar spine was performed on 06/05/2012, which revealed the injured worker had multilevel disc protrusions at L1-S1, facet hypertrophy and arthritis. The included medical records failed to show evidence of a significant change in symptoms or findings of significant pathology. The examination failed to show objective evidence of significant new neurological deficits. In the absence of documentation showing a significant change in symptoms, and MRI is not supported at this time. As such, the request for MRI of the lumbar spine is not medically necessary.

Additional physical therapy three times a week for four weeks for the left knee (48 Total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker reported with complaints of left knee pain, neck and upper/low back pain, The California MTUS postsurgical rehabilitation guidelines recommend up to 24 visits over 10 weeks for knee arthroplasty. The documentation submitted showed the injured worker has completed 36 session of physical therapy. The requesting physician did not provide an assessment of the injured worker's condition to beginning physical therapy in order to determine whether the injured worker had significant objective functional improvements with the prior physical therapy. There was a lack of documentation included to indicate the efficacy of the prior therapy. The injured worker has completed 36 sessions of physical therapy

postoperative; therefore, the request for 12 additional sessions of physical therapy would exceed the guidelines. There were no exceptional factors noted which would indicate the injured worker's need for physical therapy beyond the guideline recommendations. There were no specific barriers to transitioning the injured worker to an independent home exercise program. As such, the request for physical therapy 3 times a week for 4 weeks for the left knee, a total of 48, is not medically necessary.