

Case Number:	CM14-0213064		
Date Assigned:	12/30/2014	Date of Injury:	01/18/2012
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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: Physical Medicine & Rehabn

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 39 year old male with an injury date on 01/18/2012. Based on the 07/18/2014 progress report provided by the treating physician, the diagnoses are: 1. Post Traumatic Concussion Syndrome. 2. Headaches with Associated nosebleeds. 3. Cervical Myoligamentous Strain/Sprain with Radicular complaints: MRI evidence of C5-C6 stenosis secondary to 2.5mm disc bulge. 4. Right Shoulder Rotator Cuff Tendonitis/Bursitis. 5. Thoracic Myofascitis. 6. Lumbosacral Myoligamentous Sprain/Strain with Radicular complaints: MRI evidence of L5-S1 stenosis secondary to 3.7mm disc herniation. 7. Bilateral Knee Contusion/Strain. 8. Insomnia. 9. Stress/Anxiety. According to this report, the patient complains of "increasing pain in her lower back, neck and knees bilaterally with radiation into the soles of her feet." The patient also complains of "intermittent moderate pain in her right arm with numbness and tingling." Physical exam reveals tenderness at the cervical/thoracic/ lumbar paraspinal muscles and trapezius musculature. Range of motion of the cervical/lumbar spine and right shoulder is restricted due to pain and discomfort. Cervical Distraction test and straight leg raise are positive. Examination of the bilateral knee reveals tenderness at the medial and lateral joint line. There is slight crepitus noted bilaterally. Range of motion is restricted due to pain and discomfort. The treatment plan is consultation with extremities specialist, aquatic therapy, psychiatric evaluation, and medications. The patient's disability is "Post P&S. The patient will follow-up on August 29, 2014." The utilization review denied the request for 8 sessions of Aquatic therapy and left/right knee x-ray in standing position (left) on 11/25/2014 based on the

MTUS/ODG guidelines. The requesting physician provided treatment reports from 01/30/2014 to 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: According to the 07/18/2014 report, this patient presents with increasing pain in her lower back, neck and knees bilaterally with radiation into the soles of her feet." The current request is for Aquatic therapy QTY: 8. The Utilization Review denial letter states "No functional improvement has been documented after prior certification for aqua therapy." Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the provided reports shows no aquatic therapy reports. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy and there is no documentation of the quantity of prior physical medicine sessions provided to evaluate if the current request exceeds the maximum allowed amount. Therefore, the current request is not medically necessary.

Knee x-ray in standing position (right): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter: Radiography (x-rays)

Decision rationale: According to the 07/18/2014 report, this patient presents with increasing pain in her lower back, neck and knees bilaterally with radiation into the soles of her feet." The current request is for Knee x-ray in standing position (right). The Utilization Review denial letter states "there is no documented suspicion that there is fracture or clarification of rationale for these requests. Exam findings are mostly benign." The ODG guidelines knee chapter indicates X-ray is indicated "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head

of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." In this case, the treating physician does not mention the suspicion of fracture and trauma to consider X-Rays of the right knee. Furthermore, the treating physician does not document that the patient tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees. The Ottawa criteria were not met as required by the guidelines. The request is not medically necessary.

Knee x-ray in standing position (left): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter: Radiography (x-rays)

Decision rationale: According to the 07/18/2014 report, this patient presents with increasing pain in her lower back, neck and knees bilaterally with radiation into the soles of her feet." The current request is for Knee x-ray in standing position (left). The Utilization Review denial letter states "there is no documented suspicion that there is fracture or clarification of rationale for these requests. Exam findings are mostly benign." The ODG guidelines knee chapter indicates X-ray is indicated "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." In this case, the treating physician does not mention the suspicion of fracture and trauma to consider X-Rays of left knee. Furthermore, the treating physician does not document that the patient tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees. The Ottawa criteria were not met as required by the guidelines. The request is not medically necessary.