

Case Number:	CM14-0216104		
Date Assigned:	01/06/2015	Date of Injury:	02/24/2014
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

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 a date of injury of 02/24/2014. According to progress report dated 11/18/2014, the patient presents with low back pain along with frequent knee pain and intermittent pain and numbness in the bilateral lower extremities. Examination revealed range of motion of the thoracic spine was slightly restricted in all planes while the ranges of motion of the lumbar spine were slightly to moderately restricted in all planes. Neck compression test was positive. There is tenderness noted upon palpation of the sciatic notch and sciatic nerve. Examination of the bilateral knee revealed ranges of motion were grossly within normal limits with the patient's continued complaints of pain with all maneuvers. McMurray and Apley tests were both positive on the left. The patient was not able to perform heel-toe gait with the left leg/foot. Sensation to fine touch and pinprick was decreased in the posterior and lateral aspects of the left thigh as well as the left buttock. The listed diagnoses are: 1. chronic myofascial pain syndrome, cervical and thoracic spine. 2. Bilateral L5 radiculopathy. 3. Aggravation of preexisting injury of the left knee. The patient is performing his regular job duties on a full-time basis. Treatment plan was for refill of medication including Norco and ibuprofen, aquatic therapy exercises, home muscle stretching exercises, swimming pool exercises on a daily basis, and follow-up in six weeks. This is a request for MRI arthrogram of the left knee and daily swimming pool exercises. The utilization review denied the request on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. 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 Knee & leg chapter, MR arthrogram

Decision rationale: This patient presents with low back and left knee pain. The current request is for MRI arthrogram, left knee. The utilization review denied the request stating that there is no documentation of conservative treatment of the left knee, and there are no x-rays that have been documented. The MTUS and ACOEM Guidelines are silent with regard to this request. The ODG Guidelines under the knee chapter for MR arthrogram states, Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear for meniscus tear or for meniscus resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrogram was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscus resection did not need MR arthrogram. There are no records provided indicating that the patient has had prior left knee surgery. The ODG guidelines do not support MR arthrography unless the patient is post-operative and there is suspected residual or recurrent tear. The current request is not medically necessary.

Daily swimming pool exercises: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Aquatic therapyphysical medicine Page(s): 22, 98-99.

Decision rationale: This patient presents with low back and left knee pain. The current request is for daily swimming pool exercises. ACOEM Guidelines, chapter 12, page 309 states, there is strong evidence that exercise programs including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. Although exercise is recommended by ACOEM Guidelines, there is no discussion regarding what kind of monitoring will be done. While individual exercise program is recommended, outcomes that are not monitored by healthcare professionals are not recommended. In addition, the MTUS Guidelines, page 22, recommend aquatic therapy as an option for land-based therapy in patients that would benefit from decreased weightbearing such as extreme obesity. For number of treatments, the MTUS Guidelines, pages 98 and 99, recommend for myalgia- and myositis-type symptoms, 9 to 10 sessions over 8 weeks. This is a request for daily swimming pool exercises without specifying number of treatments or duration. This request is not medically necessary.

