

Case Number:	CM15-0010545		
Date Assigned:	01/28/2015	Date of Injury:	09/12/2013
Decision Date:	04/14/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/19/2015

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: Preventive Medicine, Occupational 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:

This 62 year old woman sustained an industrial injury on 9/12/2013. The mechanism of injury was not detailed. Treatment has included oral medications, physical therapy, and home exercise program. Physician notes dated 9/5/2014 show complaints of pain around knee. Recommendations include continuing the daily home exercise program, and use of Advil or extra strength Tylenol. On 12/18/2014, Utilization Review evaluated prescriptions for MRI of the lumbar spine, MRI of the left knee, and 12 sessions of physical therapy to the lumbar spine, that were submitted on 12/26/2014. The UR physician noted the following: regarding lumbar and left knee MRIs, there was no documentation to determine if the symptomatology was baseline or progressive, no increased reflex or sensory deficits, no report of new injury or exacerbation, no surgical procedures planned, no indication that x-rays had been performed or results, no "red flags". Regarding the left knee physical therapy, there is not documentation of the amount of physical therapy already received or dates of service, no indication of surgical procedure pending, and no documentation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. She has been previously diagnosed with arthritis of the knee joint. No red-flag indications are present in the medical record. MRI of the left knee is not medically necessary.

Physical therapy twice a week for eight weeks for the lumbar spine: 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 Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is not documentation of the amount of physical therapy already received. Physical therapy twice a week for eight weeks for the lumbar spine is not medically necessary.