

Case Number:	CM15-0011358		
Date Assigned:	01/28/2015	Date of Injury:	01/18/2006
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/20/2015

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: 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 injured worker is a 57 year old male, who sustained an industrial injury on January 18, 2006. He has reported injuries to bilateral knees and back and injured his left knee when he was working in a kneeling position and a rock got under his knee and he felt a sharp pain in the left knee. The diagnoses have included lumbar sprain, lumbar disc formation multilevel and bilateral knee status post-surgery. Treatment to date has included X-ray of left knee in 2006, medications, Magnetic resonance imaging of the left knee unknown date, and March 2006 underwent arthroscopic surgery to left knee, July 14, 2008 had total knee replacement and physical therapy, Magnetic resonance imaging of low back and three to four injections to the low back. Currently, the injured worker complains of bilateral knee pain and back pain. In a progress note dated November 11, 2014, the treating provider reports there was tenderness to palpation over the right and left lumbar paravertebral musculature, right and left SI joints, right and left pelvic brims and bilateral buttocks, examination of the t knees revealed tenderness to palpation over the medial and lateral aspects of the knee, bilaterally, there was discomfort with patellar pressure, bilaterally, anterior and posterior ligaments are not intact over the right knee. On December 18, 2014 Utilization Review non-certified a Magnetic resonance imaging right knee, and physical therapy left knee, and physical therapy lumbar, lumbar epidural steroid injection, noting, Medical Treatment Utilization Schedule Guidelines , American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Knee MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, MRI

Decision rationale: This patient presents with bilateral knee pain and back pain. The treater has asked for MRI OF THE RIGHT KNEE on 11/11/14. Review of the reports do not show any evidence of lower extremity MRIs being done in the past. Review of the reports do not show any evidence of lower extremity MRIs being done in the past. For MRI of the knee/leg, ODG states that soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. ODG further states: "MRI was considered unnecessary if: X-rays alone could establish the diagnosis, patellofemoral pain with a normal ligamentous and meniscal exam, the knee pain resolved before seeing an orthopedic surgeon, or the MRI findings had no effect on treatment outcome. MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment." The patient is currently not working, as he is retired. In this case, the patient has not yet had radiographic imaging of the right knee. In this request, the treater is asking for both a right knee MRI and right knee X-ray, but ODG recommends an X-ray first. The patient has not had an X-ray of the right knee in the past based on the reports available. It is possible that the x-rays alone could establish a diagnosis in which case an MRI would not be needed. The request IS NOT medically necessary.

Physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines Knee: PT

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

Decision rationale: This patient presents with bilateral knee pain and back pain. The treater has asked for PHYSICAL THERAPY FOR THE LEFT KNEE on 11/11/14. The 11/11/14 report further clarifies request: "2 to 3 times a week for the next 4 weeks." Review of the reports do not show any evidence of recent physical therapy being done. The utilization review letter dated 12/18/14 states: "he has had extensive physical therapy for the left knee." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is currently not working, as he is retired. In this case, the patient has had prior therapy of unspecified dates and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. There is no discussion regarding treatment history to

determine how the patient has responded to therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

Physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines Lumbar: PT

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

Decision rationale: This patient presents with bilateral knee pain and back pain. The treater has asked for PHYSICAL THERAPY FOR THE LUMBAR SPINE on 11/11/14. The 11/11/14 report further clarifies request: "2 to 3 times a week for the next 4 weeks." The utilization review letter dated 12/18/14 states there is "lack of documented objective clinical improvement with PT or other treatments to the back." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is currently not working, as he is retired. In this case, the patient has had prior therapy to the back of unspecified dates and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with bilateral knee pain and back pain. The treater has asked for LUMBAR EPIDURAL STEROID INJECTION on 11/11/14. The 11/11/14 report states: "the patient is a candidate for a series of lumbar epidural steroid injection at L4-5." The patient had lumbar MRI's done, and 3-4 injections to the low back which helped for 1-3 months per 11/11/14 report. The dates, the levels injectioned, and the amount of pain relief from the injections were not included in the documentation. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient is currently not working, as he is retired. In this case, the documentation shows that the patient had a prior lumbar MRI but the results were not included in the reports. Physical exam shows a bilaterally positive straight leg raise, but no other neurological deficits. Prior epidural steroid injections provided 1-3 months of pain relief, but

there the pain relief was not represented in a numerical scale, and there was no documentation of associated reduction in medication usage. The repeat epidural steroid injection is not indicated per MTUS guidelines. The request IS NOT medically necessary.