

Case Number:	CM15-0016415		
Date Assigned:	02/04/2015	Date of Injury:	11/29/2011
Decision Date:	03/26/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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:

The injured worker is a 47 year old male, who sustained an industrial injury on 11/29/11. He has reported neck and low back pain related to falling off a ladder. The diagnoses have included bilateral knee osteoarthritis, lumbar degenerative disc disease and status post left knee arthroscopy. Treatment to date has included physical therapy, Synvisc injections and oral medications. As of the PR2 dated 12/19/14, the injured worker reported bilateral knee pain. The treating physician requested an MRI of the lumbar spine and physical therapy 2x week for 4 weeks for left knee. On 1/21/15 Utilization Review non-certified a request for an MRI of the lumbar spine and physical therapy 2x week for 4 weeks for left knee. The utilization review physician cited the ODG guidelines and the MTUS guidelines for post surgical treatment. On 1/28/15, the injured worker submitted an application for IMR for review of an MRI of the lumbar spine and physical therapy 2x week for 4 weeks for left knee.

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, 3.0 Tesla: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRI's (magnetic resonance imaging) section

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Medical records do not indicate that the injured worker has not had any significant changes or red flags since the MRI in 2013. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for MRI of the Lumbar Spine, 3.0 Tesla is determined to not be medically necessary.

Physical Therapy 2 times a week for 4 weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Per the MTUS Guidelines the recommendations for postsurgical treatment is 12 visits over 12 weeks and the postsurgical physical medicine treatment period is 4 months. This request was made during the postsurgical treatment period following 12 visits of postsurgical physical therapy sessions. There are no mitigating circumstances reported that establish medical necessity outside of the MTUS Guidelines recommendations. The request for Physical Therapy 2 times a week for 4 weeks for the Left Knee is determined to not be medically necessary.