

<b>Case Number:</b>	CM15-0111400		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/04/2009
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: New York, West Virginia,  
 Pennsylvania Certification(s)/Specialty: Emergency 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 51 year old male who sustained an industrial injury on 04/04/2009. Mechanism of injury was a stumble and fall into a pit or hole. Diagnoses include bilateral spastic quadraparesis greater on the left, lumbosacral strain, and knee strain, degenerative cervical spine disease, and progressive deteriorative disorder. Treatment to date has included diagnostic studies, medications, knee brace, acupuncture, chiropractic care, physical therapy, knee injections, and a home exercise program. On 11/26/2014, a Magnetic Resonance Imaging of the right knee was normal. The left knee Magnetic Resonance Imaging done on 11/26/2015 was normal. X rays of the cervical spine done on 08/11/2014 revealed C4-5 suggestive of mild disc degeneration, no fracture. The thoracic spine was negative. On 08/18/2014, a Magnetic Resonance Imaging of the cervical spine revealed C4-5, and C6-7 disc level narrowing with a 3mm posterior disc bulge causing moderate compromise of the cervical spine. The Magnetic Resonance Imaging of the thoracic spine done on 08/18/2014 showed hypertrophic changes anteriorly at T6 through T11. On 02/27/2015, the Magnetic Resonance Imaging of the brain was normal. A physician progress note dated 03/18/2015 documents the injured worker had a positive jaw jerk, and a tongue that deviated to the left, mild left sided weakness, bilateral spasticity but with more prominent left sided findings, bilateral hyperreflexia, bilateral Babinski signs and positive Hoffmann's reflexes. There is clumsiness of the left upper extremity on coordination testing and a spastic unsteady gait. There is persistent left upper extremity weakness with twitching in the left arm and leg. He has poor impulse control and becoming belligerent and angry on occasion during the examination. Treatment requested is for 24 physical therapy sessions, bilateral knees, follow up with primary treating physician, MRA of the left knee, and open MRA of the bilateral shoulders QTY: 2.00.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with primary treating physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Guidelines state that a physician follow up is appropriate when a release to modified, increased, or full duty is needed, or after healing or recovery can be expected. In this case, there is no evidence of the treatment plan and there is no evidence that the patient has had previous treatment. The request for follow up with primary treating physician for the left knee and shoulder is not medically necessary or appropriate.

**24 physical therapy sessions, bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

**Decision rationale:** Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend a limited amount of physical therapy. In this case, the patient has no clear treatment plan. The request for 24 physical therapy sessions is not medically necessary or appropriate.

**MRA of the left knee:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRA.

**Decision rationale:** Guidelines state that an MR arthrography is recommended as a post operative option to help diagnose suspected residual tear in cases of meniscal resection. In this case, there is no clear evidence of the treatment plan for this patient and if the patient had

completed prior conservative therapy. The request for MRA of the left knee is not medically appropriate and necessary.

**Open MRA of the bilateral shoulders QTY: 2.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** Guidelines state that an open MRI of the shoulders is recommended for a patient whose limitations due to consistent symptoms have persisted for one month or longer. In this case, there is no evidence of the treatment plan for this patient and it is unclear what complaints and objective findings exist pertaining to the patient's shoulders. The request for MRI of the bilateral shoulders is not medically necessary and appropriate.