

Case Number:	CM15-0111619		
Date Assigned:	06/18/2015	Date of Injury:	10/03/2014
Decision Date:	07/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 56 year old male patient who sustained an industrial injury on 10/3/14. The diagnoses include degenerative disc disease at L4-5 and L5-S1 with bone on bone and grade I spondylolisthesis at L5-S1 and severe bilateral foraminal stenosis at L5-S1; right knee derangement. Per the doctor's note dated 6/3/2015, he had complaints of constant low back pain at 5-9/10 with radiation to the right leg to heel. The physical examination revealed tenderness and spasm of the lumbar paraspinal muscles and ambulation with cane. Per the doctor's note dated 4/15/2015, he had complaints of low back pain with radiation to right leg to ankle and right knee pain. The physical examination revealed lumbar spine- tenderness and spasm of paraspinal muscles, range of motion- flexion 60, extension 25 and left/right lateral bending 25/25 degrees; right knee range of motion- flexion 120 and extension 0 degree. Per the note dated 4/13/2015, physical examination of the right knee revealed walk with a limp, some swelling and effusion, tenderness over the medial joint line and patellar facets and positive Mc Murray test. The current medications list is not specified in the records provided. He has undergone right hand surgery in 2009. He has had lumbar MRI dated 3/18/2015 and right knee MRI dated 3/18/2015 which revealed degenerative tear involving medial meniscus with grade 4 chondromalacia of the medial joint compartment and 1.3 cm full thickness chondral defect involving the medial trochlear articular cartilage. He has had physical therapy visits for this injury. The plan of care was for chiropractic treatments, right knee range of motion testing and an orthopedist follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with an orthopedist for the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had chronic low back and right knee pain. The patient has significant objective findings for the right knee: walk with a limp, some swelling and effusion, tenderness over the medial joint line and patellar facets and positive Mc Murray test. In addition, patient had right knee MRI dated 3/18/2015 which revealed degenerative tear involving medial meniscus with grade 4 chondromalacia of the medial joint compartment and 1.3 cm full thickness chondral defect involving the medial trochlear articular cartilage. A follow up orthopedic visit is medically appropriate and necessary to monitor her symptoms in the presence of significant abnormal clinical and MRI findings. The request for Follow-up with an orthopedist for the right knee is deemed medically appropriate and necessary for this patient at this juncture.

Chiropractic threatment 2-3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care: Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has had physical therapy visits for this injury. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The Chiropractic treatment 2-3 x 6 is not medically necessary for this patient.

Range of motion testing for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15)Range of motion (ROM)Flexibility.

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG guidelines range of motion testing/flexibility "Not recommended as a primary criteria. The relation between range of motion measures and functional ability is weak or nonexistent." Therefore cited guidelines do not recommend computerized range of motion testing as a primary criteria. Per the doctor's note dated 4/15/2015, patient has already had general testing for range of motion for the right knee-flexion 120 and extension 0 degree. Rationale for computerized range of motion testing is not specified in the records provided. The Range of motion testing for right knee is not medically necessary for this patient.