

Case Number:	CM15-0176418		
Date Assigned:	09/17/2015	Date of Injury:	04/12/2013
Decision Date:	10/28/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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, New York, 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 applicant is a represented 88-year-old who has filed a claim for chronic low back, leg, knee, and shoulder pain reportedly associated with an industrial injury of April 12, 2013. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve requests for MRI imaging of the knee and eight sessions of physical therapy for the same. An RFA form received on August 4, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On said August 4, 2015 RFA form, MRI imaging of the knee and eight sessions of physical therapy were sought. In an associated handwritten progress note dated August 3, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee and leg pain. The applicant was placed off of work, on total temporary disability while Naprosyn and knee MRI imaging were sought. It was not clearly stated what was sought insofar as the knee was concerned on this date. On an earlier note dated May 21, 2015, the applicant was again placed off of work, on total temporary disability owing to ongoing complaints of knee pain. One of the stated diagnoses included that of meniscus tear. Earlier knee MRI imaging dated March 30, 2015 was notable for a complex full-thickness tear of the medial meniscus, age-indeterminate. An intramedullary rod about the anterior tibial plateau was appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), MRI.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: No, the request for MRI imaging of the knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging of the knee can be employed to confirm a diagnosis of meniscus tear, as was seemingly suspected here, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies its position by noting that such testing should be performed only if surgery is being considered or contemplated. Here, however, there is no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the effected knee on either an August 4, 2015 progress note or an August 3, 2015 RFA form. It was not stated why repeat knee MRI imaging was sought when the applicant had already had prior positive MRI imaging on March 30, 2015 already establishing the diagnosis of meniscus tear. Therefore, the request was not medically necessary.

Physical therapy 2x4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

Decision rationale: Similarly, the eight sessions of physical therapy for the knee were likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, however, it was not stated how much prior physical therapy had been performed through the date of the request, August 4, 2015. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in treatment program in order to justify continued treatment. Here, the fact that the applicant was off of work, on total temporary disability, strongly suggested that the applicant had in fact failed to profit from earlier unspecified amounts of physical therapy in terms of the functional improvement parameters established in the MTUS 9792.20e. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that attending provider should furnish a prescription for physical therapy, which "clearly states treatment goals." Here, however, clear treatment goals were not stated via

the handwritten, difficult to follow, and partially illegible August 3, 2015 progress note and August 4, 2015 RFA form. Therefore, the request was not medically necessary.