

Case Number:	CM15-0178548		
Date Assigned:	09/21/2015	Date of Injury:	04/17/2015
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 54 year old female with an industrial injury dated 04-17-2015. Medical record review indicates she is being treated for internal derangement knee, sprain of hip and thigh and sprain of lumbar region. The progress report dated 07-29-2015 noted the injured worker presented with complaints of lumbar spine pain rated as 7 out of 10, bilateral knee pain rated 8 out of 10 and bilateral hip pain rated as 7 out of 10. Documentation notes medications; therapy and creams improve the pain. Physical exam noted tenderness and spasm of the lumbar paraspinal right greater than left. There was tenderness documented to the right thigh, greater trochanter and right gluteus. Physical exam of bilateral knees noted tenderness of medial joint line and lateral joint line with bilateral effusion. Flexion of right knee was 95 and extension was 0. Flexion of left knee was 110 and extension was 0. McMurray's was positive on the right. Prior diagnostics included: Right hip x-ray and left hip x-ray dated 05-29-2015 with the following impression: Osteopenia, likely secondary to post-menopausal osteoporosis. X-ray of lumbar spine dated 05-29-2015 with the following impression: "Discogenic spondylosis, thoracic and lumbar spine." "Osteopenia, likely secondary to post-menopausal osteoporosis." Left knee x-ray dated 05-29-2015 with the following impression: "Patello femoral and femorotibial joint osteoarthritis." "Osteopenia, likely secondary to post-menopausal osteoporosis." Prior treatment included at least 3 sessions of physical therapy for right knee and medications. The treatment request is for physical therapy right knee x 12, physical therapy right hip, thigh, lumbar x 12, physical therapy left knee x 12, MRI right knee without contrast, MRI lumbar without contrast and MRI left knee without contrast. On 08-31-2015 utilization review non-certified the request for physical therapy right knee x 12, physical therapy right hip,

thigh, lumbar x 12, physical therapy left knee x 12, MRI right knee without contrast, MRI lumbar without contrast and MRI left knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Third edition, Low back diagnostics, MRI Official Disability Guidelines- TWC Low Back-lumbar and thoracic, MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: Per ODG: Indications for imaging, Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other red flags. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic, Myelopathy, painful. Myelopathy, sudden onset- Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient- Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The patient has low back pain but is not documented to have radiculopathy or myelopathy. Her pain has not responded to therapy. Nevertheless, in the absence of radiculopathy or myelopathy, MRI is not medically necessary.

Physical therapy right hip, thigh, lumbar x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC Hip and Pelvis, Low Back-lumbar and thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PT low back.

Decision rationale: The Expert Reviewer's decision rationale: Per MTUS: Lumbar sprains and strains: 10 visits over 8 weeks. Sprains and strains of unspecified parts of back: 10 visits over 5 weeks. Sprains and strains of sacroiliac region: Medical treatment: 10 visits over 8 weeks. Lumbago; Backache, unspecified: 9 visits over 8 weeks. ODG supports up to 10 visits of PT for back pain. The request for 12 visits exceeds the guidelines. The records do not provide a

justification for why more than the maximum number of visits is medically necessary for this patient.

Physical therapy right knee x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, Knee.

Decision rationale: Per ODG: Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. The request is for 12 sessions of OT. ODG supports only 8 sessions of therapy for knee pain. The patient should be instructed in a home exercise program and then be able to complete the OT at home. The requested treatment is not medically necessary.

Physical therapy left knee x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Knee and Leg, Physical medicine treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PT Knee.

Decision rationale: Per ODG: Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. The patient has knee pain. She has not had surgery. Per ODG, 8 sessions of therapy should be sufficient. The patient can be instructed in a HEP and continue therapy at home. 12 sessions exceeds the guidelines, and there is no basis for exceeding the guidelines in this patient. The requested treatment is not medically necessary.

MRI right knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd edition, Knee diagnostics, MRIODG-TWC Knee and Leg, MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Knee.

Decision rationale: Per ODG: Indications for imaging, MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if

clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. This patient has non-traumatic knee pain. However, her X-rays are not normal. X-rays show osteopenia and osteoarthritis. The patient condition has been diagnosed by plain X-ray. Per the guidelines, MRI is not medically necessary.

MRI left knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd edition, Knee diagnostics, MRIODG-TWC Knee and Leg, MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee MRI.

Decision rationale: Per ODG: Indications for imaging, MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. This patient has non-traumatic knee pain. However, her X-rays are not normal. X-rays show osteopenia and osteoarthritis. The patient condition has been diagnosed by plain X-ray. Per the guidelines, MRI is not medically necessary.