

Case Number:	CM15-0062167		
Date Assigned:	04/08/2015	Date of Injury:	06/16/2010
Decision Date:	06/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/01/2015

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: Physical Medicine & Rehabilitation

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 33-year-old male who sustained an industrial injury on 6/16/10. The mechanism of injury was he was attempting to restrain a juvenile and the juvenile fell on the injured workers right ankle and foot. The injured worker reported symptoms in the left knee and back. The injured worker was diagnosed as having internal derangement of knee and lumbago. Treatments to date have included home exercise program, activity modification, injections, oral anti-inflammatories, and physical therapy. The documentation of 02/10/2015 revealed the injured worker had constant left knee pain that was characterized as throbbing. The injured worker had constant low back pain. The right ankle pain remained unchanged. The physical examination revealed palpable paravertebral muscle tenderness with spasms in the lumbar spine. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg, as well as foot in the L5 and S1 dermatomal patterns. There was 4/5 strength in the EHL and ankle plantar flexors, L5 and S1 innervated muscles. Ankle reflexes were asymmetric. The physical examination of the knee revealed tenderness in the joint line and the patellar test was positive. The McMurray's test was positive. The diagnosis included internal derangement, knee, NOS and lumbago. The treatment plan included medication refills, an MRI of the lumbar spine, an MRI of the left knee, MRI of the right ankle, and physical therapy. The injured worker had an MRI of the left knee on 05/17/2013 which revealed fluid within the knee joint consistent with joint effusion and a sprain/partial tear of the anterior cruciate ligament. There was a 5 mm extrameniscal cyst identified in relation to the anterior inferior aspect of the anterior horn and lateral meniscus associated with intrinsic impression of the posterior inferior aspect of the

Hoffa's fat pad. The injured worker underwent an MRI of the lumbar spine on 05/17/2013 which revealed mild levoscoliosis. There were multiple disc abnormalities at L3-5 and L5-S1 with nerve root compromise on the right and left. The injured worker underwent an MRI of the right ankle on 06/10/2011 which revealed postoperative changes with some moderate to severe tendinopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

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

Decision rationale: The California MTUS Guidelines recommend up to 10 sessions for myositis, myalgia, and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack previously attended and the objective functional benefit that was received. There was a lack of documentation of remaining objective functional deficits. The request as submitted failed to indicate the body part to be treated. Given the above, the request for physical therapy 12 sessions is not medically necessary.

Magnetic Resonance Imaging lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-repeat MRI, low back.

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 Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to provide documentation that there was a significant change in symptoms or there were findings of a significant pathology. The documentation indicated the injured worker had a prior MRI of the lumbar spine. Given the above, the request for magnetic resonance imaging lumbar spine is not medically necessary.

Magnetic Resonance Imaging left 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) Knee & Leg Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to provide documentation that there was a significant change in symptoms or there were findings of a significant pathology. The documentation indicated the injured worker had a prior MRI of the left knee. Given the above, the request for magnetic resonance imaging left knee is not medically necessary.

Magnetic Resonance Imaging right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to provide documentation that there was a significant change in symptoms or there were findings of a significant pathology. The documentation indicated the injured worker had a prior MRI of the right ankle. Given the above, the request for magnetic resonance imaging right ankle is not medically necessary.