

<b>Case Number:</b>	CM15-0069145		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	02/04/1994
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### **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:

Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### **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 60-year-old female, who sustained an industrial injury on 2/4/94. She reported initial complaints of head and facial injuries. The injured worker was diagnosed as having brain concussion/contusion, cephalgia; dizziness post concussive; TMJ dysfunction; cervical radiculopathy; lumbar radiculopathy; status post probable left rhinorrhea; fracture C-6 spine; fracture of right facial bones; fracture right ribs; cognitive problems; emotional distress; sleep problems; hypertension with poor control; upper gastrointestinal problems. Treatment to date has included aquatic therapy; bilateral occipital block (4/23/15); medications. Diagnostics included CT scan, ultrasound and x-rays of abdomen (2009); MRI bilateral ethmoid sinuses (6/3/2010); EMG/NCV upper extremities (8/5/10 and 4/5/12); MRI right knee, right shoulder, lumbar spine (11/3/10); MR Arthrogram right knee (11/4/10); MRI right and left wrist (11/22/11); MR Arthrogram left and right wrist (12/21/11); Ultrasound of abdomen and kidney/renal/pelvis (11/30/11); MRI left knee (2/27/12); MR Arthrogram right and left shoulder (3/13/12). Currently, the PR-2 notes dated 12/15/14 is a Neurosurgical/Neurological Re- examination report that indicated the injured worker has required psychiatric, orthopedic and physiotherapy up to 26 treatments per year and was doubtful that any further surgery was going to make a difference. She has greatly deteriorated over time and he felt that further surgery may increase pain and a greater need for prescribed medications. She needs provided treatments for her TMJ complaints. He documents 90% of her symptoms relate to low back, shoulders,

right knee, hands and wrist and 10% are due to natural progression of disc degeneration and aging. She continues with activities of daily living on all levels and difficulty with person hygiene. Treatment has included medications; hand and foot specialist, aquatic therapy is beneficial, home care and transportation were not approved, and her right knee and left shoulder pain have partially improved. She uses an interferential stimulator. The provider's treatment plan included occipital block and this was done on 4/23/15. He has recommended multiple referrals for gastrointestinal specialist (GERD symptoms), dental/oral surgery specialist (TMJ pain), and hand specialist (thumb pain). He has also requested EMG/NCV all extremities, MRI scans of right wrist, right and left knee, left shoulder, and foot and abdomen. The provider is requesting authorization of MRI right knee; right knee Arthrogram; home assistance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 MRI of right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**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 (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for multiple orthopedic injuries and has chronic right knee pain. Prior testing has included an MRI arthrogram of the knee in November 2010. Treatments have included pool therapy with reported benefit. When seen, there was a mild right sided limp. Guideline address the role of a repeat MRI scan of the knee which would be recommended if there is a need to assess a knee cartilage repair. In this case, the claimant has not undergone surgery and has already had MRI scans of the knee and there is no new injury. The request is not medically necessary.

#### **1 home assistance: 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), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for multiple orthopedic injuries and has chronic right knee pain. Prior testing has included an MRI arthrogram of the knee in November 2010. Treatments have included pool therapy with reported benefit. When seen, there was a mild right sided limp. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has been able to attend outpatient follow-up appointments and is able to ambulate without assistive device. Therefore,

the requested for home health care services is not medically necessary.

**1 right knee arthrogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (Acute & Chronic), MR arthrography.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for multiple orthopedic injuries and has chronic right knee pain. Prior testing has included an MRI arthrogram of the knee in November 2010. Treatments have included pool therapy with reported benefit. When seen, there was a mild right sided limp. An MR arthrogram is recommended as a postoperative option to help diagnose a suspected residual or recurrent meniscal tear, for meniscal repair, or for meniscal resection of more than 25%. In this case, the claimant has not undergone surgery and has already had MRI scans of the knee. Therefore, the requested MR arthrogram is not medically necessary.