

Case Number:	CM15-0078820		
Date Assigned:	04/30/2015	Date of Injury:	01/22/2014
Decision Date:	06/25/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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, Illinois

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:

This 52 year old male sustained an industrial injury on 1/22/14. He subsequently reported shoulder injury and pain. Diagnoses included osteoarthritis. Treatments to date have included surgery, physical therapy and prescription pain medications. The injured worker continues to experience bilateral knee and left shoulder pain. Upon examination, range of motion was within normal limits, he had good strength in upper extremities and bilateral knee ligament stress test was negative. A request for MRI right and left knee, physical therapy 2x4 right and left knee and Norco medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on 1/22/14. The medical records provided indicate the diagnosis of osteoarthritis. Treatments to date have included surgery, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for MRI, right knee. The medical records indicate the injured worker had right knee surgery in 05/2014; the surgery was followed by 4 post surgical visits. The injured worker has been complaining of right knee pain. The physical examination was positive for slow antalgic gait, tenderness of bilateral knees. The rest of the knee examination was unremarkable. The MTUS is silent on repeat MRI of the knee; however, the MTUS states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines recommends repeat MRIs if needed to assess knee cartilage repair tissue: in determining whether the repair tissue was of good or poor quality. Therefore, although this injured worker may eventually need MRI of the right knee, there is no indication that the worker has exhausted conservative measures. The worker has not had the appropriate number of physical therapy. Therefore, the requested treatment is not medically necessary.

MRI, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The injured worker sustained a work related injury on 1/22/14. The medical records provided indicate the diagnosis of osteoarthritis. Treatments to date have included surgery, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for MRI, left knee. The medical records indicate the injured worker has been complaining of left knee pain, which is believed to be due to compensation as a result of the right knee injury. The physical examination was positive for slow antalgic gait, tenderness of bilateral knees. The rest of the knee examination was unremarkable. The MTUS is silent on repeat MRI of the knee; however, the MTUS states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Therefore, although this injured worker may eventually need MRI of the left knee, there is no indication the worker has exhausted conservative measures. The worker has not had physical therapy since the onset of the knee pain. Therefore, the requested treatment is not medically necessary.

Physical therapy 2x4, right knee and left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 1/22/14. The medical records provided indicate the diagnosis of osteoarthritis. Treatments to date have included surgery, physical therapy and prescription pain medications. The medical records provided for review do indicate a medical necessity for Physical therapy 2x4, right knee and left knee. The records indicate the injured worker had only 4 physical therapy visits following right knee surgery. The injured worker has not had any surgery since the two months the injured worker has been experiencing worsening pain in the left knee. Although the injured worker has been referred for surgery, the physical therapy should have preceded the orthopedics referral since the guidelines recommends surgical referral when there is activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), for a total of ten visits plus active self-directed home Physical Medicine. Therefore, the requested treatment is medically necessary.

Norco 10/325mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 1/22/14. The medical records provided indicate the diagnosis of osteoarthritis. Treatments to date have included surgery, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg BID #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker started visiting with this physician only recently; the worker was given a prescription for an unspecified quantity of this medication which has been approved. The requested treatment is not medically necessary because the records do not indicate the quantity that was prescribed during the previous visit; there was no documentation stating there was failed treatment with medications with less side effects; there was no documentation of response to the prior treatment with this medication. Therefore, the requested treatment is not medically necessary.