

Case Number:	CM15-0090065		
Date Assigned:	05/14/2015	Date of Injury:	10/08/2013
Decision Date:	07/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii
 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 29-year-old female, with a reported date of injury of 10/08/2013. The diagnoses include right knee lateral meniscus tear and depression. Treatments to date have included an MRI of the right knee on 02/20/2015, and an MRI of the right hip on 02/20/2015. The progress report dated 04/08/2015 indicates that the injured worker complained of constant severe sharp, stabbing, throbbing right knee pain; frequent moderate, sharp, stabbing abdominal pain with numbness. It was also noted that the injured worker suffered from depression. The objective findings include decreased and painful range of motion of the right knee, tenderness to palpation of the posterior knee, muscle spasm of the posterior knee, pain caused by Mc Murray's, and psychological complaints. The psychological complaints were not specified. The treating physician requested a referral to a psychologist for evaluation due to the symptoms, acupuncture treatment for the right knee, physiotherapy for the right knee, and an MRI of the abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a psychologist for evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127.

Decision rationale: The patient presents with pain affecting the right knee and abdomen. The current request is for Referral to a psychologist for evaluation. The treating physician report dated 4/8/15 (16H) states, "Refer to Psychologist Evaluation due to symptoms (Initial Psyche Evaluation and/or re-evaluation)." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided, show the patient has "psychological complaints." In this case, the patient presents with depression and the treating physician is requesting a referral to a psychologist in order to properly treat the patient's symptoms secondary to chronic pain. The current request is medically necessary.

Acupuncture treatment, once weekly for the right knee, QTY: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the right knee and abdomen. The current request is for Acupuncture treatment once weekly for the right knee, QTY: 6. The treating physician report dated 4/8/15 (16H) states, "Treatment - Acupuncture (1 x per week for 6 weeks) for Right Knee." Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The medical reports provided do not show that the patient has received acupuncture for the right knee previously. In this case, the patient presents with "constant severe sharp, stabbing, throbbing right knee pain" and the treating physician is requesting 6 sessions of acupuncture in order to try and provide the patient some relief of these symptoms. Furthermore, the current request for 6 sessions is in accordance with the 6 sessions recommended by the AMTG. The current request is medically necessary.

Physiotherapy, once weekly for the right knee, QTY: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient presents with pain affecting the right knee and abdomen. The current request is for Physiotherapy, once weekly for the right knee, QTY: 6. The treating physician report dated 4/8/15 (16H) states, "Treatment - Physio Therapy (1 x every 6 weeks) for Right Knee." The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, do not show that the patient has received physical therapy for the right knee previously and her status is not post-surgical. In this case, the treating physician has documented the need for physiotherapy and the MTUS guidelines support the request. The current request is medically necessary.

MRI of the abdomen, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2202422>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology MRI abdomen guidelines.

Decision rationale: The patient presents with pain affecting the right knee and abdomen. The current request is for MRI of the abdomen. The treating physician report dated 4/8/15 (16H) states, "Request for MRI (diagnostic testing) for abdominal." The MTUS, ACOEM, and ODG guidelines do not address the current request therefore an alternative guideline was referenced. The American College of Radiology Guidelines were consulted as follows: II. INDICATIONS Indications for MRI of the abdomen (excluding the liver) include, but are not limited to: A. Pancreas 1. Detection of pancreatic tumors. 2. Characterization of indeterminate lesions and/or unexplained enlargement detected with other imaging modalities. 3. Evaluation of pancreatic duct obstruction or dilatation. 4. Detection of pancreatic duct anomalies. 5. Evaluation of pancreatic or peripancreatic fluid collections or fistulae. 6. Evaluation of chronic pancreatitis to include estimating pancreatic exocrine function. 7. Evaluation of complicated acute pancreatitis. 8. Preoperative assessment of pancreatic neoplasms. 9. Postoperative/treatment follow-up after pancreatic surgery. B. Spleen 1. Characterization of indeterminate lesions detected with other imaging modalities. 2. Detection and characterization of suspected diffuse abnormalities of the spleen. 3. Evaluation of suspected accessory splenic tissue. C. Kidneys, Ureters, and Retroperitoneum 1. Detection of renal tumors. 2. Characterization of indeterminate lesions detected with other imaging modalities. 3. Preoperative assessment of renal neoplasms to include evaluation of the renal vein and inferior vena cava. 4. Evaluation of the urinary tract for abnormalities of anatomy or physiology (MR urography). 5. Postprocedure surveillance after renal tumor ablation or surgical extirpation via partial or complete nephrectomy. 6. Evaluation of ureteral abnormalities. 7. Evaluation of suspected retroperitoneal fibrosis. D. Adrenal Glands 1. Detection of suspected pheochromocytoma and functioning adrenal adenoma. 2. Characterization of indeterminate lesions detected with other imaging modalities. E. Vascular (See the ACR/ASNR/SNIS/SPR Practice Parameter for the Performance of Cervicocerebral

Magnetic Resonance Angiography [MRA]). Practice parameter MRI Abdomen / 3 F. Bile Ducts and Gallbladder 1. Detection and post treatment follow-up of bile duct and gallbladder cancer. 2. Detection of bile duct or gallbladder stones. 3. Evaluation of dilated bile duct. 4. Preoperative staging of cholangiocarcinoma. 5. Evaluation of suspected congenital abnormalities of the gallbladder or bile ducts. G. Gastrointestinal Tract and Peritoneum 1. Preoperative assessment of gastric neoplasms. 2. Preoperative staging of rectal carcinoma. 3. Assessment of inflammatory disorders of the small or large bowel and mesenteries. 4. Assessment of acute abdominal pain (e.g., appendicitis) in pregnant patients. 5. Detection and evaluation of primary and metastatic peritoneal or mesenteric neoplasms. 6. Detection and characterization of intra-abdominal fluid collections. H. Other 1. Imaging follow-up of abnormalities of the abdomen deemed indeterminate on initial MRI and for which surgery is not advised. 2. Detection and characterization of extraperitoneal neoplasms other than above. 3. Evaluation of the abdomen as an alternative to computed tomography (CT) when radiation exposure is an overriding concern in susceptible patients such as pregnant or pediatric patients, or in patients with a contraindication to iodinated contrast agents. In the documents provided, there is no evidence that any of the above indications are present or being considered. Furthermore, there are no objective findings regarding the abdomen in the medical reports provided as well as no discussion of any conservative treatments and/or therapy that was administered. According to the above mentioned reference, the current request is not medically necessary.