MAXIMUS Federal Services

Case Number:	CM15-0097781		
Date Assigned:	05/29/2015	Date of Injury:	09/07/2013
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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, New York, California
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:

The applicant is a represented 53-year-old who has filed a claim for chronic neck, low back, mid back, and knee pain reportedly associated with an industrial injury of September 7, 2013.In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for knee MRI imaging, five sessions of "home exercise program" and a home exercise kit for the lumbar spine. The claims administrator referenced an April 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant reported ongoing complaints of low back, mid back, and knee pain. The applicant was using Naprosyn and tizanidine for pain relief. 7/10 pain complaints were reported. 130 degrees of knee range of motion with positive provocative testing, including positive McMurray maneuver, were reported. The applicant reportedly had known issues with severe spinal stenosis. The applicant also had knee patellar chondromalacia, it was suggested. A home exercise kit for lumbar spine, five sessions with a certified personal trainer to create a home exercise for the applicant, Naprosyn, and knee MRI imaging were endorsed. The attending provider stated that the applicant might have issues with internal derangement of the knee. The attending provider stated that he was endorsing the request because the applicant medical-legal evaluator had suggested the same. A rather proscriptive 10-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be case. In a February 17, 2015 medical-legal evaluation, the medical-legal evaluator noted that the applicant had severe multifocal pain complaints which were impacting the applicant's ability to perform activities as basic as care and personal hygiene such as putting on her socks and dressing herself, sitting, standing, sleeping, lifting, carrying groceries, etc. It was seemingly suggested that the applicant had failed to return to work. Permanent work restrictions were endorsed.

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 Page(s): 341-342.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: No, the request for MRI imaging of the right knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm the diagnosis of meniscus tear, as was seemingly suspected here, ACOEM qualifies this position by noting that such testing is indicated only if surgery is being contemplated. Here, however, the requesting provider was not a knee surgeon, reducing the likelihood the applicant is acting on the results in the study in question. There was thus neither an explicit statement (nor an implicit expectation) the applicant would act on the results on the study in question and to consider knee surgery based on the outcome of the same. Therefore, the request was not medically necessary.

Home exercise program x 5 sessions for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: Conversely, the request for home exercise program-five sessions-for the knee was medically necessary, medically appropriate, and indicated here. The attending provider framed the request as a request for five instructive sessions for the applicant with a personal trainer to provide recommendation on individualized exercise regimen, given the multiplicity of the applicant's pain complaints and pain generators. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an applicant should be instructed in and/or expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. The five-session instructive course proposed here is in-line with the 9- to 10, session course recommended of page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. The attending provider did seemingly suggest that the applicant was difficulty transitioning to a home exercise program, given the multiplicity of the applicant's pain complaints and pain generators. Moving forward with the five instructive sessions to guide the applicant on development of home exercise program, thus, was indicated. Therefore, the request was medically necessary.

Home exercise kit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Finally, the request for a home exercise kit for the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter Table 12-8, page 309, back specific exercise machines, i.e., the article at issue here, are deemed "not recommended." Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines likewise note that there is no recommendation in favor of any particular exercise regimen over another. Here, the attending provider did not clearly state what the home exercise kit represented nor did the attending provider clearly establish why the applicant was incapable of performing home exercises of her own accord. A clear need for specialized equipment was not set form or established by the attending provider here. Therefore, the request was not medically necessary.