

Case Number:	CM13-0009718		
Date Assigned:	06/06/2014	Date of Injury:	01/12/2011
Decision Date:	07/25/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 52 year old male with a date of injury on 1/12/2011. Diagnoses include pain in joint lower extremity, tenosynovitis of left ankle, status post internal fixation of left tibia/fibula fractures on 1/14/2011, and status post left knee arthroscopy and partial meniscectomy on 5/13/2013. Subjective complaints are of pain and swelling in the left knee and left ankle. Physical exam shows left knee with decreased range of motion, and positive Lachman. Left ankle had a positive anterior/posterior drawers, and positive medial/lateral instability. MRI from 5/2014 shows grossly stable exam of left knee when compared to 7/1/7/2013 exam. X-ray of the left foot and ankle show no calcifications in the soft tissues. MRI of the left ankle on 7/17/2013 showed moderate chronic sprain and medial talar dome osteochondral injury or osteochondritis dissecans. Submitted records indicate that patient has received 12 sessions of physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO THE LEFT KNEE 3X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, PHYSICAL THERAPY.

Decision rationale: The ODG recommends to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. CA MTUS and the ODG recommend a total of 12 visits over 12 weeks for physical therapy after meniscectomy. This patient has already had 12 recorded visits. Therefore, an additional 12 visits would exceed guideline recommendations, and is not medically necessary.

MAGNETIC RESONANCE IMAGES WITHOUT CONTRAST OF THE LEFT ANKLE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ANKLE, MRI.

Decision rationale: CA MTUS states that MRI of the ankle may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. For this patient, prior MRI has been performed than demonstrated osteochondral pathology. Since this prior study, patient has not had a significant change in symptoms or findings consistent with progressive pathology. Therefore, the medical necessity of a repeat ankle MRI is not established.