

<b>Case Number:</b>	CM13-0011394		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty certificate in Pain Medicine, and is licensed to practice in California. 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 physician 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:

The patient is a 72-year-old male who reported an injury on 02/06/2008. The mechanism of injury was not provided for review. The patient received extensive conservative treatment, including physical therapy, aqua therapy, and medications. The patient's most recent physical exam findings included limited range of motion of the left knee described as 110 degrees in flexion secondary to pain, limited range of motion of the right knee, a Charcot's joint, and restricted range of motion secondary to pain. There was tenderness to palpation over the medial joint line of the right knee with a positive patellar grind test. The patient's diagnoses included internal derangement of the right knee. The patient's treatment plan included an MR arthrogram, physical therapy, a TENS unit, and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2x4, for the right knee: Upheld**

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

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

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient has previously undergone extensive physical therapy and should be well-versed in a home exercise program. California Medical Treatment Utilization Schedule states, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The clinical documentation submitted for review does not provide evidence that the patient is consistently participating in a home exercise program to maintain functional improvements gained during the previous physical therapy. As such, continued physical therapy would not be supported, so the requested physical therapy, 2 times a week for 4 weeks, for the right knee is not medically necessary or appropriate.

**TENS unit for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints of the right knee. California Medical Treatment Utilization Schedule recommends the purchase of a TENS unit be based on a 30-day home trial. The clinical documentation submitted for review does not provide any evidence that the patient has previously participated in a home trial of a TENS unit with successful results. Additionally, there is no documentation that the patient is consistently participating in a home exercise program. As the request does not clearly identify whether this is for rental or purchase, the request is not supported by guideline recommendations. As such, the requested TENS unit for the right knee is not medically necessary or appropriate.

**Aquatic Physical Therapy, 2x3, for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints and limited range of motion. However, it is noted within the reviewed documentation that the patient previously received aquatic therapy. The functional benefit of that therapy was not established in the documentation. Additionally, California Medical Treatment Utilization Schedule recommends aquatic therapy when there is a need for the patient to participate in non-weight-bearing activities. The clinical documentation submitted for review does not provide any evidence that the patient would benefit from non-weight-bearing activities. As such, the requested aquatic physical therapy, 2 times a week for 3 weeks, for the right knee is not medically necessary or appropriate.

**MR Arthrogram of the right knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG,) Knee and Leg Chapter, MR arthrography

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient has persistent pain complaints with mechanical symptoms that have been unresponsive to prior conservative therapy. The American College of Occupational and Environmental Medicine states, "MRIs are superior to arthrography for both diagnosis and safety reasons." The clinical documentation submitted for review does not indicate that the patient has undergone an MRI to assess the patient's suspected internal derangement. Additionally, Official Disability Guidelines recommend MR arthrography for postoperative assessment when recurrent or residual tears are suspected. The clinical documentation submitted for review does not provide any evidence that the patient has previously undergone surgical intervention for this injury. As such, the requested MR arthrogram of the right knee is not medically necessary or appropriate.