

<b>Case Number:</b>	CM13-0016442		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker who reported a work-related injury on February 23, 2013. The patient suffered a twisting injury to their left knee. MRI of the left knee dated April 15, 2013, revealed a subchondral fracture involving the medial tibial plateau and lateral tibial plateau with intense, broad region of reactive bone marrow edema, bone marrow edema involving the peripheral aspect of the medial femoral condyle, and bone marrow edema focally involving the attachment site of the posterior root of the medial meniscus and grade 3 cartilage changes of the patella. The patient has undergone non-surgical management to include therapy, time off work, work modifications, medications, injections, and the use of a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

**Decision rationale:** The California Medical Treatment Guidelines for chronic pain recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis. Recent clinical

documentation submitted for review noted the patient complained of left knee and left ankle pain. The patient was noted to have a positive ortho test for left knee/ankle derangement with restricted range of motion and visible swelling. Their diagnoses included left knee derangement and left ankle derangement. It is unclear per submitted documentation how many physical therapy visits the patient has had to this date. Clinical note dated July 15, 2013, stated the patient was recommended for additional knee rehabilitation with [REDACTED] concentrating on quadriceps strengthening and avoidance of falls. There was a lack of documentation noting the efficacy of the patient's former therapy; lack of documentation noting the patient's motor strength or range of motion to the left knee; and lack of documentation indicating significant functional deficits in the documentation provided to warrant formal physical therapy visits. The request for six sessions of physical therapy is not medically necessary and appropriate.

**Mobility scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Knee Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines indicates that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. Guidelines further state if there is any mobility with canes or other assistive devices, a motorized scooter is non-essential to care. Recent clinical documentation submitted for review indicated the patient was ambulating with a cane. The patient ambulated with a left-sided limp and antalgic gait. Physical exam noted mild swelling about the left knee and additional swelling was noted over the anterior left ankle without any focal tenderness or marked instability. Marked left quadriceps atrophy was also noted and Flick and McMurray's tests were positive. The impression was noted as left knee internal derangement with associated meniscal disruption. The clinical documentation submitted for review does not support the request for a mobility scooter. The request for a mobility scooter is not medically necessary and appropriate.

**MRI of the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** California Medical Treatment Guidelines indicate that imaging findings should be correlated with physical findings. Guidelines further state that disorders of soft tissue yield negative radiographs and do not warrant other studies such as MRI. Magnetic resonance

imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The clinical note dated August 12, 2013 stated that the patient had a possible damaged Achilles. The patient was noted to have restricted range of motion of their left ankle with swelling noted. No focal tenderness or marked instability was noted. There were no clinical findings to substantiate the medical necessity of an MRI of the left ankle. The request for MRI of the left ankle is not medically necessary and appropriate.