

Case Number:	CM13-0021662		
Date Assigned:	03/26/2014	Date of Injury:	01/19/2013
Decision Date:	05/02/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational 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 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:

According to the records made available for review, this is a 59-year-old male with a 1/19/13 date of injury. At the time (7/10/13) of request for authorization for repeat MRI of left knee and Physical Therapy 4x, there is documentation of subjective (severe constant stabbing knee pain with numbness and tingling in the knee and below the knee) and objective (decreased range of motion in the left knee) findings, imaging findings (MRI Left Knee (2/18/13) report revealed medial meniscal tear involving the body and a horizontal involving the posterior horn of the medial meniscus and mild strain of the anterior cruciate ligament), current diagnoses (left knee sprain/strain and left knee meniscal tear), and treatment to date (physical therapy and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, and the Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of left knee sprain/strain and left knee meniscal tear. In addition, there is documentation of a previous MRI of the Knee completed on 2/18/13. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for repeat MRI of left knee is not medically necessary.

PHYSICAL THERAPY (4 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG, Knee Chapter, Physical Therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work Final Determination Letter for IMR Case Number CM13-0021662 4 restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of meniscal tear not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee sprain/strain and left knee meniscal tear. In addition, there is documentation of previous physical therapy completed to date. However, there is no documentation of the number of previous physical therapy treatments completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 4x is not medically necessary. [REDACTED]