

Case Number:	CM13-0023790		
Date Assigned:	03/12/2014	Date of Injury:	08/18/2011
Decision Date:	05/21/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery 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:

This is a 44-year-old female who was injured on 08/18/2011. Current clinical records available for review include: Recent progress report of 12/04/13 where it was noted that the claimant was evaluated in follow-up for multiple orthopedic injuries including bilateral knee and low back complaints. Objective findings of that date demonstrated tenderness about the medial aspect of the left knee with positive McMurray's testing with no other acute clinical findings documented. There was no indication of a right knee examination or lumbar findings. The claimant was diagnosed with a left knee medial meniscal tear for which an MRI scan was recommended for further definitive treatment. There is indication of 20 plus sessions of prior physical therapy since the time of a right knee arthroscopic surgery in December of 2011. Specific to the claimant's low back there was documentation of conservative measures with no indication of a surgical procedure or recent imaging. There was imaging of the left knee from 05/31/13 with radiographs showed spurring to the patella with degenerative change. A 09/16/13 left knee scan also demonstrated a complex tear to the medial meniscus with advanced degenerative change to the medial compartment and an associated effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: MTUS Guidelines and Official Disability Guidelines do not support a medical necessity for the requested left knee. The clinical records document previous MR imaging which revealed tricompartmental degenerative change particularly in the medial compartment, as well as tearing to the medial meniscus. At this stage in the claimant's clinical course of care there would be no current indication for further imaging based on a diagnosis that is already well established from previous imaging. Therefore given the above the request is not medically necessary and appropriate.

ADDITIONAL PHYSICAL THERAPY SESSIONS, 2 TIMES PER WEEK FOR 6 WEEKS, FOR TREATMENT OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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

Decision rationale: California MTUS Guidelines would not support a medical necessity for continued treatment with physical therapy for the right knee. The claimant is greater than two years post right knee arthroscopy, and has undergone a significant course of physical therapy to date. Absent current clinical findings there would be no acute indication for further physical therapy. It would be unclear as to why transition to an aggressive home exercise program would not have occurred at this stage in the clinical course of care. Therefore given the above the request is not medically necessary and appropriate.

DURABLE MEDICAL EQUIPMENT(DME) REQUEST FOR LARGE ICE PACK-LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: Referencing MTUS Guidelines and Official Disability Guidelines criteria, the role of large ice pack for the lumbar spine would not be indicated. Topical use of ice is recommended in the acute setting. Records of present indicate chronic conditions of the low back with no documentation of physical examination findings or imaging that would necessitate the acute need of an ice pack at this chronic stage in claimant's clinical course of care. Therefore given the above the request is not medically necessary and appropriate.