

Case Number:	CM13-0026800		
Date Assigned:	03/19/2014	Date of Injury:	11/02/2012
Decision Date:	05/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 55 year old female with date of injury of 12/02/2012. The listed diagnoses per [REDACTED] dated 08/08/2013 are: Left knee sprain/strain; Patellofemoral narrowing slight lateral subluxation of the patella and medial compartment joint space narrowing; Right ankle sprain/strain; Elongation of anterior process of the calcaneus and a posterior talar spur on os perineum; Sprain of the anterior talofibular ligament(grade1-2); Bony hypertrophic changes at the attachments of the anterior tibiofibular ligament suggesting remote syndesmodic injury and a small tibiotalar and posterior subtalar joint effusion per MRI dated 02/08/2013; Left ankle sprain/strain; Severe sprain and partial interstitial tear(grade2 -3) of the anterior talofibular ligament fibers with edema and synovitis on the anterolateral joint line; Suspected chronic tearing of the interosseus membrane and interstitial tearing of the peroneus brevis tendon as it crosses the peroneal tubercle per MRI dated 04/13/2013. According to progress report dated 08/08/2013 by [REDACTED], the patient presents with slight to occasionally moderate pain on the left knee and left ankle which worsens with weight bearing. She denies swelling. She notes popping and clicking with motion. She reports difficulty climbing stairs, squatting and kneeling. There is increased swelling with prolonged periods of walking and standing. She notes occasional numbness and tingling in the left foot. Objective findings show apprehension test is positive with pain on the left knee. Apley's test is positive. There is tenderness along the medial joint line and visible atrophy of the quadriceps musculature on the left. There is weakness of the quadriceps musculature with straight leg raising test on the left. There is pain with inversion and eversion of the left ankle. Inversion stress test is positive with lateral laxity of the left ankle greater than the right. The patient ambulates with a limp favoring the left leg. The treator is requesting an MRI of the left knee and physical therapy for 12 visits for the left knee and left ankle.

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: Overturned

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): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with left knee and left ankle pain. The treater is requesting an MRI of the left knee. The ACOEM Guidelines does not provide a very good discussion regarding MRI of the knee. The ODG recommends MRI of the knee for acute trauma, suspected dislocation and for non-traumatic knee, when internal derangement is suspected. A progress report dated 08/08/2013 notes that the provider wants to further evaluate for internal derangement or meniscal tears in the left knee. A report dated 09/05/2013 clarified that the patient did not have an MRI on the left knee on 02/18/2013 but an MRI of the right ankle. A review of 96 pages of medical records does not show any recent or prior MRIs of the left knee. In this case, the patient continues to experience persistent left knee pain and the treater wants to evaluate for possible internal derangement or meniscal tears. Given that the patient has not had prior MRI's of the left knee, the request is reasonable. Therefore the request is medically necessary and appropriate.

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS, TO THE LEFT KNEE AND LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: This patient presents with left knee and bilateral ankle pain. The treater is requesting 12 additional physical therapy for the left knee and left ankle. Utilization review dated 09/03/2013 denied the request stating "that this claimant has had extensive PT for this chronic condition and that there were no subjective or objective improvement. The medical records provided for review do not show any recent physical therapy reports to verify the patient's therapy treatment history. A progress report dated 08/08/2013 notes that the patient has had several short courses of therapy without significant improvement. The MTUS Chronic Pain Guidelines pages 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. In this case, it is uncertain why the treater is requesting additional visits when the patient has not responded to therapy in the past. Furthermore, the requested 12 sessions exceed what is allowed by the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.

