

<b>Case Number:</b>	CM13-0042647		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2013

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 35 year old male with a date of injury of 12/24/2012. The listed diagnoses per [REDACTED] are: (1) Lumbar spine strain/sprain with radiculitis, rule out herniated disc; (2) Right sciatica; and (3) Right hip trochanter bursitis. According to the report dated 07/09/2013 by [REDACTED], the patient presents with complaints of low back and right knee pain. He has stiffness in his low back and has difficulty changing his body in any position. He also reports increased pain with weight bearing activities. He is participating in physical therapy which does give him relief. Examination of the lumbar spine showed tenderness to palpation over the lumbar spinous process of L1 through S1 and associated paraspinal muscles. There is diffuse paravertebral tenderness at the paralumbar muscles. Kemp's test is positive and there is hypoesthesia over the right L4, L5 and S1. There is no physical examination of the knee on this report or on any of the five previous progress reports dating back to 02/05/2013. There is a report from 01/17/2013 that notes the patient has right knee pain that is throbbing and aching with pain level of 9/10. The patient is noted to have decreased range of motion on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE RIGHT KNEE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**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)

**Decision rationale:** The patient presents with complaints of low back and right knee pain. The provider is requesting an MRI of the right knee. The California MTUS Guidelines state that special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture. The Official Disability Guidelines may be more appropriate at addressing a chronic knee condition. The ODG states that an MRI is reasonable if internal derangement is suspected. Medical records document that this patient injured his low back and right knee with a fall on tile floor on 12/24/2012. Report from 01/17/2013 describes aching and throbbing pain with decreased range of motion of the knee. However, subsequent reports reviewed from 02/05/2013 to 07/09/2013 do not include physical examinations of the knee. While the provider does not discuss concerns regarding internal derangement, given the diminished range of motion, persistent pain and throbbing, and the injury that is chronic, an MRI would be appropriate. Review of the reports does not show that this patient has had an MRI of the knee previously performed. Therefore, the requested MRI of the right knee is medically necessary and appropriate

**PHYSICAL THERAPY 2 X 4 FOR THE LUMBAR AND RIGHT KNEE:** Upheld

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

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

**Decision rationale:** The patient presents with complaints of low back and right knee pain. The provider is requesting an additional 8 physical therapy sessions as they have given him relief. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Medical records indicate the patient most recently completed 8 physical therapy sessions. The results are unclear as the physical therapy reports were not provided for review. The provider does not provide any information regarding goals and progress from therapy. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested additional 8 sessions combined with the 8 already received, exceeds what is recommended by the guidelines. Therefore, the requested additional physical therapy is not medically necessary at this time.