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| Case Number: | CM13-0060197 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 06/14/2012 |
| Decision Date: | 04/09/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 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 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 50 year old male who was injured on 06/04/2012. He sustained an injury to his right knee and right ankle while performing his usual and customary job duties. He was carrying heavy boxes and was pushing and pulling throughout the course of his day. He began experiencing right knee and right ankle pain and discomfort. Prior treatment history has included physical therapy, chiropractic therapy, and shockwave therapy. Comprehensive initial orthopedic consultation dated 09/09/2013 documented the patient to have complaints of right knee pain and lack of strength. PR2 note dated 11/11/2013 documented the patient to have complaints of right knee pain with stiffness and pain in the right ankle. SIP 6 physical therapy visits right knee. Objective findings on exam included significant medial tracing patella right knee with tenderness to palpation PF ST right; significant external tibial torsion at least 40 degrees external rotation; external rotation gait on right. Knee examination revealed no scars bilaterally; no erythema bilaterally; no swelling bilaterally; varus was normal bilaterally; valgus was normal bilaterally; gait was normal bilaterally; walking on toes normal bilateral; walking on heels normal bilaterally; Q angle increased on the right, normal left; Crepitus normal bilaterally; No effusion bilaterally. There was no atrophy. There was no tenderness at the medial joint line, lateral joint line; medial femoral condyle; medial retinaculum; no tenderness at the lateral retinaculum, anteromedial joint line; anterolateral joint line; posteromedial joint line; posterolateral joint line; anterior capsule had positive tenderness, right with thickening of the synovium. Tests for knee joint stability: Medial and lateral were normal bilaterally; Anterior cruciate: Anterior drawer, Lachman ad Pivot shift were normal bilaterally; Meniscus: McMurray/Apley grind and Patella mechanism: Inhibition, apprehension, and posterior cruciate were normal bilaterally. Muscle strength: Quadriceps 4+/5 right, 5/5 left; Hamstrings 5/5 bilaterally; Ankle Dorsiflexors 5/5 bilaterally; Ankle Plantar Flexors 5/5 bilaterally. There is

minimal residual difference in the tibialis anterior on the right when compared to the left. Peripheral pulses note a 2+ posterior tibial pulse and 1+ dorsalis pedis on the right and left.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT arthrogram of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 378, 374, 375.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Computed tomography (CT).

Decision rationale: According to the Official Disability Guidelines, CT is recommended to further evaluate bony masses and suspected fractures that are not clearly identified on radiographic evaluation. However, the medical records do not establish findings suggestive of bony mass or fracture, and supportive radiographic findings are also not documented. The progress report dated 11/11/2013 documented examination of the right ankle was essentially unremarkable. The patient demonstrated normal symmetrical ankle strength, only minimal residual difference in tibialis anterior on the right in comparison to the left, and pulses were also symmetrical when compared to the left. The medical report does not establish the presence of clinically significant examination findings as to warrant consideration for special studies. In addition, failure of the patient to improve with conservative measures has also not been established. Therefore, the medical necessity for CT arthrogram of the right ankle, is not certified.

6 physical therapy sessions 2 times 3 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, 341, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

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

Decision rationale: According to the CA MTUS guidelines, patients should be instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is recommended that supervised treatment allow for fading of frequency, with utilization of an active self-directed home physical medicine. The patient sustained an industrial injury involving the right knee in June 2012. According to the PR-2 dated 11/11/2013, he is status post 6 PT sessions to the right knee. The medical records do not provide clear details regarding the patient's response to this course of treatment. In addition, the total number of physical therapy sessions provided for the right knee since his DOI is not clarified. It is reasonable, that given the date of injury, the patient should by this time, be adequately versed

in a home exercise program, with which he can utilize to address any residual deficits. The medical necessity for 6 physical therapy sessions 2 times 3 for the right knee, is not certified.