

<b>Case Number:</b>	CM13-0070880		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Family Practice 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:

36-year-old male claimant sustained a work-related injury on July 26, 2013 resulting in chronic knee pain. An examination on 11/11/ 2013 indicated mild edema with severe guarding, pain, and discomfort. There was joint line tenderness to light palpation sitting in supine position. There was positive McMurray's test and Apley's test. The physician's assessment was probable internal derangement versus patellofemoral joint disease versus meniscal tear of the left knee. Therapy for unknown length time as well as an x-ray and MRI of the knee were ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY (FREQUENCY & DURATION UNSPECIFIED) TO KNEES:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Recommended as indicated below: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They

can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS [complex regional pain syndrome]. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks In this case the amount of physical therapy requested is not specified and therefore the request for physical therapy is not medically necessary.

**MRI BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 347.

**Decision rationale:** An MRI is recommended to determine the extent of ACL tears preoperatively. It is not recommended for ligament tears. According to the guidelines meniscal tears have tenderness over the suspected tear but not over the entire joint line. Other possible knee diagnoses do not require initial MRI without failing conservative management including exercise, anti inflammatory and muscle strengthening. As a result the MRI for bilateral knees is not medically necessary.

**BILATERAL KNEE X-RAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**Decision rationale:** Routine radiography is not recommended for most new complaints or injuries. It is recommended for suspected red flags work or optional suspected hemarthroses. Signs of red flags include neurovascular compromise, dislocation, infection or tumor. In this case the clinical findings did not have any signs of red flags and the order for bilateral knee x-rays are not medically necessary.