

Case Number:	CM14-0009544		
Date Assigned:	02/14/2014	Date of Injury:	09/09/2011
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 23-year-old female who has submitted a claim for left knee strain, and patellofemoral compression syndrome; associated from an industrial injury date of 09/09/2011. Medical records from 10/29/2013 to 11/12/2013 were reviewed and showed that patient complained of persistent sharp, aching left knee pain, aggravated by squatting. There were associated morning pain, nighttime awakenings, weakness, swelling, and stiffness. There were occasional episodes of locking of the knee after excessive walking. Physical examination showed medial joint line tenderness and limitation of movement of left knee. There were bilateral knee crepitations. Left knee x-ray, dated 10/29/201, showed an essentially normal exam with slight lateral patellar tilting. Treatment to date has included Zanaflex, Norco, Naprosyn, and physical therapy. The utilization review, dated 01/02/2014 certified the request for physical therapy because guidelines support an initial course of physical therapy with objective functional deficits and functional goals; denied the request for acupuncture because guidelines do not support acupuncture and physical therapy to be completed together; denied the request for magnetic resonance arthrography (MRA) of the left knee because the patient has no diagnosis of meniscal injury or osteochondritis dissecans, and is not post-operative; and certified the request for MRI of left knee because of knee instability, including knee "giving out", knee locking, and medial joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3X4 WEEKS LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

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

Decision rationale: As stated on page 99 to 100 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the patient started physical therapy on November 12, 2013. The medical records submitted do not include the number of physical therapy sessions completed, or objective evidence of functional improvement after physical therapy. The medical necessity for additional physical therapy has not been established. Therefore, the request for physical therapy (PT) 3x4 weeks left knee is not medically necessary.

ACUPUNCTURE 3X4 WEEKS LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, the patient started physical therapy on November 12, 2013. However, the medical records submitted for review showed no evidence of ongoing physical rehabilitation. As stated above, acupuncture should be used as an adjunct and not an alternative to physical rehabilitation. Therefore, the request for acupuncture 3x4 weeks left knee is not medically necessary.

MRA LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MR Arthrography

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that magnetic resonance arthrography (MRA) is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, the patient has no diagnosis of meniscal tear. She is not likewise on a post-operative state. There is no documented rationale for this diagnostic procedure. Therefore, the request for magnetic resonance angiogram (MRA) left knee is not medically necessary.