

Case Number:	CM14-0120939		
Date Assigned:	09/16/2014	Date of Injury:	09/19/2011
Decision Date:	12/31/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 67-year-old female with an original date of injury of September 19, 2011. Patient was putting away materials in a storage area when a large wooden cover fell on her left foot and toes causing immediate pain. The patient was subsequently provided with 24 sessions of physical therapy which were felt to be temporarily beneficial. She was evaluated by an orthopedic surgeon in 2012 and was recommended to continue working on restricted duty. The patient has chronic knee pain and foot pain in the area of the left hallux. The dispute requests are for repeat MRI of the right knee and 18 sessions of physical therapy for the right knee. The rationale for the denial of the MRI of the right knee was that the previous MRI was not available, and the utilization reviewer felt that the present symptoms did not warrant reimaging. The reason for the denial of the physical therapy was that there was "no objective improvement from physical therapy" done in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: 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): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI Topic

Decision rationale: Regarding the request for repeat MRI of the knee, ACOEM guidelines do not have specifics on repeat imaging. The Official Disability Guidelines do note that repeat imaging should be reserved for a significant change in pathology. The injured worker has documentation of bilateral knee x-rays which show arthritic changes as documented in a progress note from date of service February 11, 2014. There are references to a prior MRI of the knee being performed in the past. The utilization review determination on July 23, 2014 makes reference to a prior MRI. However, the submitted documentation does not contain the official radiologist report of previous MRI, and the notes do not indicate what date this was performed. Furthermore, although chronic knee pain is documented both subjectively and objectively, it is unclear as to what constitutes a change since the date of the last MRI imaging. In light of the above, the currently requested MRI is medically necessary.

Physical Therapy 2-3 times 4-6 (18) for the right knee: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone physical therapy as documented in progress note on 10/2/2013 which indicates that the patient was participating in physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from physical therapy. Therefore additional physical therapy is not medically necessary.