

<b>Case Number:</b>	CM14-0139686		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old female who was injured on 6/7/2012. She was diagnosed with bilateral knee pain, bilateral knee internal derangement, and bilateral chondromalacia patellae. She was treated with physical therapy (at least 15 sessions approved for the left knee, but not the right knee) and multiple medications including anti-epileptics, benzodiazepines, opioids, and NSAIDs. MRI of the left knee was performed on 3/25/13 and revealed likely partial discoid meniscus, severe degenerative disease, femoral articular surface tear, large joint effusion, and moderate pre-patellar bursitis. Later, on 6/28/2013, she underwent a left knee arthroscopy/surgery. On 5/20/14, she had another left knee MRI which showed joint effusion (minimal), mild anterior cruciate ligament sprain, postsurgical changes of the medial meniscus, and probable small lateral meniscal tear. On 6/19/14, the worker was seen by her orthopedic physician complaining of her continual left knee pain and instability as well as occasional locking. She also complained of right knee pain getting worse progressively with difficulty going up and down stairs. Physical examination revealed weak quadriceps (left worse than right), tenderness over anterior horn of the lateral meniscus of the left knee as well as tenderness over the lateral facet of the left patella and with left patellar compression. There is also laxity of the left patella. Right knee examination revealed tenderness over medial facet of patella, pain with patellar compression, and tenderness of the posterior horn of the medial meniscus. Reported was a "questionably positive" McMurray's sign of the right knee. She was then recommended another MRI of her left knee to clarify the last MRI finding which suggested a possible new tear. She also was recommended physical therapy for her right knee which was had not been completed. She was also recommended a right knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 3 x 4 sessions 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 Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that physical therapy is recommended for knee injuries. The goal of therapy is to be able to transition from passive therapy to active home therapy which is much more effective and associated with a better recovery and more function. For myalgia and myositis, the MTUS recommends up to 10 sessions of physical therapy over 8 weeks. In the case of this worker, the request was for 12 sessions. The worker in this case, has had left knee physical therapy and has been instructed to do home exercises already. The instructions for right knee home exercises should be similar if not identical and should not take as many sessions as the upper limit recommended by the MTUS. It is of the opinion of the reviewer that the worker would likely benefit from 4-6 sessions of physical therapy on her right knee in order to be instructed. Further therapy after that should be based on evidence of functional improvement and failure to perform the exercises at home. Therefore, the request for 12 sessions of physical therapy is not medically necessary.

**MRI with contrast of the left knee.:** Overturned

**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): 341-343.

**Decision rationale:** The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing or reassessing post-surgically. In the case of this worker, the MRI done just previous to the request showed a possible tear, which would have been new since her left knee surgery. The request was to get a better visual of this area with injected dye to determine if this was in fact a tear. This is reasonable to follow up on, in the opinion of the reviewer and is medically necessary and appropriate in this situation.