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| <b>Case Number:</b>   | CM14-0142929 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 05/03/2011 |
| <b>Decision Date:</b> | 11/04/2014   | <b>UR Denial Date:</b>       | 08/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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 Interventional Spine 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 44 year old with an injury date on 5/3/11. Patient complains of right knee pain per 6/17/14 report. Patient had a synvisc injection for right knee on 1/3/14, but now symptoms are back to prior levels per 6/17/14 report. Patient uses a right knee Bionicare unloader brace daily per 6/17/14 report. Based on the 6/17/14 progress report provided by [REDACTED] the diagnoses are: 1. status/post 7/5/11 right knee scope 2. Medial/lateral meniscectomy with history of increasing symptoms. 3. X-ray 4/29/14 OA, PFA Exam on 6/17/14 showed "tenderness to palpation of MJL/LJL/Patella with positive crepitus/grinding. Right knee range of motion flexion/extension is 92/12. Gait has right sided limp. Patient's treatment history includes [REDACTED] [REDACTED] is requesting MRI arthrogram right knee, x-ray right knee, and physical therapy right knee 2 times per week for 6 weeks. The utilization review determination being challenged is dated 8/15/14 and denies MR arthrogram right knee and X-ray right knee as patient is undergoing conservative treatment and does not require diagnostic workup. [REDACTED] is the requesting provider, and he provided treatment reports from 4/29/14 to 7/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram Right Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MR Arthrography

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

**Decision rationale:** Regarding MR Arthrography, ODG knee chapter recommends 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 study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthritis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. In this case, the patient had a prior arthroscopy, and the treater is recommending an arthrogram instead of a traditional MRI, as patient presents with a prior meniscectomy. The requested MRI arthrogram right knee to diagnose a suspected recurrent tear is reasonable and within ODG guidelines. Therefore, MRI Arthrogram Right Knee is medically necessary.

**X-ray Right Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter-Radiology X-Ray

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** Regarding special studies for the knee, ACOEM states are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma in this population are: (1) Joint effusion within 24 hours of direct blow or fall, (2) Palpable tenderness over fibular head or patella, (3) Inability to walk (four steps) or bear weight immediately or within a week of the trauma and (4) Inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant Hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. In this case, patient presents with ongoing symptoms according to physical exam. The requested x-ray right knee appears reasonable for this type of condition. Therefore, X-ray Right Knee is medically necessary.

**Physical Therapy Right Knee 2 Times Per Week For 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This patient presents with right knee pain. The treater has asked for physical therapy right knee 2 times per week for 6 weeks on 6/17/14. Review of the reports does not show any evidence of physical therapy being done in the recent past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgia and neuralgias. Considering the patient has not undergone recent physical therapy, a course of 8-10 treatment sessions would be indicated but not the requested 12 sessions. Therefore, Physical Therapy Right Knee 2 Times per Week for 6 Weeks is not medically necessary.