

Case Number:	CM14-0155305		
Date Assigned:	09/25/2014	Date of Injury:	05/03/2011
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 66-year-old who reported an injury on 05/03/2011. The mechanism of injury was not specified. Her diagnoses were cervical strain, positive MRI herniated cervical disc C4-7 with radiculitis/radiculopathy, contusion of the chest wall, pulmonary embolism, lumbar spine strain/sprain, positive MRI herniated lumbar disc with L1-S1 with retrolisthesis L1-2 with radiculitis/radiculopathy, strain/sprain of the right knee, positive MRI medial meniscal tear/bone contusion/internal derangement, right ankle sprain/strain and right shoulder tendinitis impingement with the possibility of a rotator cuff tear. Her treatments consisted of physical therapy and epidural steroid injections. The diagnostics included an MRI of the cervical spine, MRI of the lumbar spine and MRI of the right knee. Her surgical history included a right knee scope arthroscopic surgery on 05/10/2014. On 06/18/2014, the injured worker reported that she had noticed an increase in pain in the cervical spine and lumbar spine. She was status post right knee scope arthroscopic surgery. The physical examination revealed that the right knee range of motion was 5 degrees to 95 degrees. There was tenderness to palpation over the medial joint line. Current medications were not provided. The treatment plan was for an MR arthrogram for the right knee and physical therapy 2 times a week for 6 weeks for the right knee. The rationale for the request and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG MR Arthrogram

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

Decision rationale: Based on the clinical information submitted for review, the request for an MR arthrogram for the right is not medically necessary. As stated in the California MTUS/ACOEM Guidelines, if there are no present red flags for serious conditions, then the clinician can determine which common musculoskeletal disorder is present. It is indicated that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The guidelines also indicate that MRIs are superior to arthrography for both diagnosis and safety reasons. The injured worker was noted to be status post right knee scope arthroscopic surgery on 05/10/2014. She reported 5 therapy sessions so far and had noticed an increase in pain in the cervical and lumbar spine. The clinical notes showed that she had a positive MRI showing a medial meniscal tear, bone contusion and internal derangement, which the guidelines indicate that MRIs are superior to arthrography for both diagnosis and safety reasons. It is indicated that it is unnecessary to evaluate most knee complaints until after a period of conservative care and observation, which it was noted that she had completed 5 therapy sessions so far. However, there was lack of detail if she had made any progress. The physical examination revealed that her right knee range of motion was 5 degrees to 95 degrees and there was tenderness to palpation over the medial joint line, but there were no details in regard to her condition worsening to warrant an MR arthrogram for her knee. As such, the request for an MR arthrogram for the right knee is not medically necessary.

Physical Therapy Two times a week for six week for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tear of meniscus of knee Page(s): 24.

Decision rationale: Based on the clinical information submitted for review, the request for physical therapy 2 times a week for 6 weeks for the right knee is not medically necessary. According to the California Post-Surgical Treatment Guidelines, there is controversy about the effectiveness of therapy after arthroscopic partial meniscectomy. Postsurgical treatment consists of 12 visits over 12 weeks of physical medicine. It was noted that the injured worker was status post right knee scope arthroscopic surgery on 05/10/2014. The documentation showed that she had completed 5 therapy sessions so far and noticed an increase in pain in the cervical and lumbar spine. Her range of motion was noted as 5 degrees to 95 degrees. It is indicated in the guidelines that postsurgical treatment for a meniscectomy is 12 visits over 12 weeks. However, the physician ordered physical therapy 2 times a week for the next 6 weeks and noted that she had completed 5 sessions so far, which the total amount of sessions would exceed the guidelines recommendation of 12 visits. There was a lack of details that showed that she had made any

progress with those 5 therapy sessions. As such, the request for physical therapy 2 times a week for 6 weeks for the right knee is not medically necessary.