

Case Number:	CM14-0156749		
Date Assigned:	10/23/2014	Date of Injury:	06/23/2014
Decision Date:	11/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 Ohio. 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 38 year old male with gradual onset of bilateral knee pain since August 14, 2012. He had bilateral arthroscopic surgery to the knees in 2011. He presented again with bilateral knee pain on June 30, 2014. He was diagnosed at that time with a bilateral knee strain him and six sessions of physical therapy were ordered. Treatment notes from July 2014 refer to physical therapy provided on four occasions. On September 16, 2014 the examination of the knees revealed positive McMurray signs bilaterally with tenderness to palpation over the knee joints. He appeared to have full flexion and extension. He was treated with Naprosyn 550 mg twice daily and tramadol 50 mg twice daily. That note states that the injured worker has had 10 physical therapy sessions to date and that he was beginning to see results. The diagnosis from that date was internal derangement of both knees. An additional 12 sessions of physical therapy and MRI scans of both knees was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the bilateral knees: Upheld

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

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

Decision rationale: The Official Disability Guidelines allow for 12 physical therapy visits over eight weeks for sprains and strains of the knee and nine visits over eight weeks for an articular cartilage disorder. The preface to the official disability guidelines states that a six visit physical therapy trial should be followed by a formal reassessment to see if treatment has been effective and if it should continue. In this instance, the injured worker has had 10 physical therapy visits, a formal reassessment after six visits cannot be found within the submitted record, and an additional 12 visits would certainly exceed recommended quantities when combined with therapy already completed. Therefore, an additional 12 physical therapy visits is not medically necessary per the referenced guidelines.

MRI of the bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6.

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 MRI's (magnetic resonance imaging)

Decision rationale: Repeat MRIs are recommended if need to assess knee cartilage repair tissue. In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82 percent using arthroscopy as the standard. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Surgeons cannot tell whether the tear will be repairable until the surgery is underway, and it affects recovery because repaired meniscus tears have a more involved recovery compared with surgical removal of the tissue. In this instance, the injured worker has had previous meniscal surgery with a resumption of knee pain and physical exam findings consistent with meniscal pathology. Historically, he has also had knee instability. Therefore, bilateral MRI scans of the knees are medically necessary to assess the quality of previous knee cartilage repair.