

Case Number:	CM14-0025302		
Date Assigned:	06/11/2014	Date of Injury:	02/22/2012
Decision Date:	07/15/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation 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 51-year-old male who reported an injury on 02/22/2012 due to a motor vehicle accident. The injured worker reportedly sustained an injury to his left hip, left pelvis, left patella, and left foot. The injured worker was treated with conservative care to include cognitive behavioral therapy, multiple medications, and physical therapy. The injured worker was evaluated on 11/07/2013. It was noted that the injured worker had chronic pain complaints and relied on physical therapy and medications for symptom relief. Physical findings included decreased range of motion of the lumbar spine, a positive straight leg raising test, and tenderness to palpation along the paraspinal musculature. The injured worker's diagnoses included left acetabular fracture status post open reduction internal fixation, lumbar strain, and left knee internal derangement. The injured worker's treatment plan included continued home health care assistance, continued physical therapy, and a refill of medications. A request was made for an MRI arthrogram. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS IN TREATMENT OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested physical therapy 2 times per week for 6 weeks in the treatment of the left knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation indicates that the injured worker has had extensive physical therapy to the left knee. Therefore, the injured worker should be well-versed in a home exercise program. However, the clinical documentation fails to identify that the injured worker is participating in a home exercise program. A short course of treatment would be indicated to re-establish and re-educate the injured worker in a home exercise program. However, the requested 12 treatments would be considered excessive. As such, the request physical therapy 2 times a week for 6 weeks in the treatment of the left knee is not medically necessary or appropriate.

LEFT KNEE MRI ARTHROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Leg chapter, MR Arthrography.

Decision rationale: The request left knee magnetic resonance imaging (MRI) arthrogram is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend an arthrogram over a regular MRI. Official Disability Guidelines recommend MRI arthrography for the knee as a postoperative option to evaluate for recurrent or suspected residual meniscal tears. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's knee to support that a need for imaging would be indicated. The most recent clinical examination submitted for review does indicate that the injured worker is diagnosed with left knee internal derangement. However, there were no objective findings submitted during the evaluation to support a recurrence in symptoms. Therefore, the need for an MRI arthrogram is not clearly supported within the documentation submitted for review. As such, the request left knee MRI arthrogram is not medically necessary or appropriate.