

<b>Case Number:</b>	CM14-0025563		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury after she fell 10/20/2013. The clinical note dated 02/26/2014 indicated diagnoses of continuous trauma injury, left hip strain, and left knee strain. The injured worker reported pain to her left knee and left hip that she reported was affecting her low back as a result of the pain in her left lower extremity. On physical examination of the lumbosacral spine, there was mild tenderness to palpation. Examination of the left hip revealed tenderness laterally. The injured worker's range of motion of the hip revealed flexion of 90 degrees, internal rotation of 20 degrees, and external rotation of 30 degrees. Examination of the left knee revealed range of motion from 0 degrees to 130 degrees with tenderness medially. The official MRI of the left knee without contrast dated 12/19/2013 revealed degenerative changes of the patellofemoral joint with subchondral edema of the patella and lateral trochlea with mild irregularity of the articular cartilage of the medial patellar facet, mild subchondral edema of the lateral tibial plateau, and myxoid degeneration of the posterior horn of the medial meniscus and lateral meniscus, and a popliteal cyst. X-ray of the pelvis was unremarkable. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for MRI of the left hip, MRI of the left knee, and physical therapy for the left hip and left knee. A Request for Authorization dated 02/17/2014 was submitted for MRI of the left knee and left hip, and a Request for Authorization dated 04/22/2014 was submitted for physical therapy 2 times a week for 6 weeks for the left hip and knee. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LEFT HIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, MRI (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the left hip is not medically necessary. The Official Disability Guidelines may recommend an MRI of the hip when there are indications of osseous, articular or soft tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft tissue injuries or tumors after failed attempts of conservative therapies such as physical therapy and NSAIDs. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for stress fractures, chronic soft tissue tears or tumors. In addition, there is a lack of evidence in the documentation of conservative therapy such as physical therapy and NSAIDs that have been tried and failed. Therefore, the request for MRI of the left hip is not medically necessary.

**MRI OF THE LEFT KNEE:** Upheld

**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): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI's (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the left knee is not medically necessary. The CA MTUS/ACOEM guidelines do not recommend MRI studies for ligament collateral tears. The guidelines do recommend MRI study to determine extent of ACL tear preoperatively. Official Disability Guidelines (ODG), Knee, MRI's (magnetic resonance imaging). The Official Disability Guidelines state soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The injured worker had a prior MRI of the left knee dated 12/19/2013. Repeat MRIs are not routinely indicated unless it is to assess knee cartilage from repair tissue after a surgery. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for a meniscal tear or an ACL tear, and it did not indicate any chondral surface injuries or ligamentous disruption. Furthermore, there is a lack of evidence in the documentation provided of exhaustion of conservative therapy such as NSAIDs and physical therapy. Therefore, the request for MRI of the left knee is not medically necessary.

**PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS LEFT HIP & KNEE (12 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for physical therapy two times a week for six weeks left hip & knee (12 sessions) is not medically necessary. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of prior therapy. In addition, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, it is not indicated if the injured worker has had physical therapy and if so, the number of sessions of physical therapy for the knee and hip is not indicated. Therefore, the request for physical therapy 2 times a week for 6 weeks to the left hip and knee is not medically necessary.