

<b>Case Number:</b>	CM14-0026182		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	02/28/2014
<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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 55 year old female with date of injury 7/21/09. The mechanism of injury is not stated in the available medical records. The patient has complained of left knee and ankle pain since the date of injury. She has been treated with medications. There are no radiographic data included for review. Objective: no abnormalities noted on physical examination. Diagnoses: left knee strain, left ankle/foot internal derangement, patellofemoral compression syndrome, degenerative joint disease mid foot. Treatment plan and request: MRI left knee, aquatic therapy, physical therapy, plain films left knee, follow up evaluation with a pain medication specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 347.

**Decision rationale:** This 55 year old female has complained of left knee and ankle pain since date of injury 7/21/09. She has been treated with medications. The current request is for MRI of the left knee. Per the MTUS guidelines cited above, there is no documentation of physical

examination evidence to support a diagnosis for which an MRI of the knee would be warranted (anterior cruciate ligament disruption or tear). On the basis of the MTUS guidelines and available medical documentation, MRI of the left knee is not indicated as medically necessary.

**Aquatic therapy 1 x 6 (left knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 338, 346.

**Decision rationale:** This 55 year old female has complained of left knee and ankle pain since date of injury 7/21/09. She has been treated with medications. The current request is for aquatic therapy for the left knee. Per the MTUS guidelines cited above, aquatic therapy is not recommended as a physical modality treatment for knee pain. On the basis of the MTUS guidelines, aquatic therapy is not indicated as medically necessary.

**Physical therapy 1 x 6 (left knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 338, 346.

**Decision rationale:** This 55 year old female has complained of left knee and ankle pain since date of injury 7/21/09. She has been treated with medications. The current request is for physical therapy for the left knee. This 55 year old female has complained of left knee and ankle pain since date of injury 7/21/09. She has been treated with medications. The current request is for the left knee. Per the MTUS guidelines cited above, physical therapy is not recommended as a physical modality treatment for knee pain. On the basis of the MTUS guidelines, physical therapy is not indicated as medically necessary.

**X-ray left knee: 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), Knee and Leg Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 341.

**Decision rationale:** This 55 year old female has complained of left knee and ankle pain since date of injury 7/21/09. She has been treated with medications. The current request is for X ray of the left knee. Per the MTUS guidelines cited above, the following clinical parameters support the

decision to not obtain plain films (1) patient is able to walk without a limp (2) patient had a twisting injury and there is no effusion, (3) lack of joint effusion within 24 hours of direct blow or fall (4) lack of palpable tenderness over fibular head or patella (5) ability to walk (four steps) or bear weight immediately or within a week of the trauma (6) ability to flex knee to 90 degrees. There is no documentation in the available medical records of a physical examination abnormality of the left knee and the patient meets criteria 1-6 above to support the decision to not obtain plain films. On the basis of the MTUS guidelines and available medical records, plain films of the left knee are not indicated as medically necessary.

**Follow up evaluation with a pain medicine specialist:** 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), Knee and Leg Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 341.

**Decision rationale:** This 55 year old female has complained of left knee and ankle pain since date of injury 7/21/09. She has been treated with medications. The current request is for follow up with a pain management specialist for the left knee. Per the MTUS guidelines cited above, follow up with a pain management specialist is not recommended in the treatment of knee pain. On the basis of the MTUS guidelines, follow up with a pain management specialist is not indicated as medically necessary.