

<b>Case Number:</b>	CM14-0034735		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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, has a subspecialty in Pain Management, 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:

This is a patient with an injury dated 2/14/13. A utilization review determination dated 3/4/14 recommends non-certification of Physical Therapy (PT) and MRI of the right knee and the lumbar spine. A 3/3/14 medical report identifies pain in the right wrist, left wrist/hand, low back, and bilateral knees. On exam, there is lumbar tenderness with limited range of motion (ROM) and positive Tinel's and Phalen's bilaterally with diminished sensation in the median nerve distribution; the right knee is positive for McMurray's, with ROM from 5 degrees extension to 80 degrees flexion. Significant improvement in activity level and adherence to recommended exercise is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 3 x per week for 4 weeks, for the bilateral knees, lower back, and upper extremities:** Upheld

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

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

**Decision rationale:** Regarding the request for Physical Therapy (PT), 3 x per week for 4 weeks, for the bilateral knees, lower back, and upper extremities, California MTUS states that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement resulting from any previous PT sessions; nor is there an indication as to why remaining deficits cannot be addressed within the context of an independent home exercise program while still expected to improve with formal, supervised therapy. Furthermore, the MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested Physical Therapy, 3 x per week for 4 weeks, for the bilateral knees, lower back, and upper extremities is not medically necessary.

**MRI of the Right Knee:** Overturned

**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): 13-1 and 13-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

**Decision rationale:** Regarding the request for MRI of the right knee, ACOEM guidelines note that, in the absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is locking, catching, or objective evidence of ligament injury present on physical exam, MRI is recommended. Within the medical information made available for review, there is documentation of ongoing knee pain despite conservative treatment, with positive McMurray's sign on exam and limited ROM including a 5 degree deficit in extension. These findings are consistent with internal derangement, and MRI to identify the site of pathology is appropriate. In light of the above, the currently requested MRI of the right knee is medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Regarding the request for lumbar MRI, ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise upon neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam, as the only neurological abnormalities noted are in the upper extremities. In

the absence of such documentation, the currently requested lumbar MRI is not medically necessary.