MAXIMUS Federal Services

Case Number:	CM14-0035567		
Date Assigned:	06/23/2014	Date of Injury:	08/06/2012
Decision Date:	08/12/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56 year-old individual was reportedly injured on August 6, 2012. The mechanism of injury is noted as a hyperflexion event injuring the left knee. The most recent progress note, dated May 12, 2014, indicates that there are ongoing complaints of lower extremity (ankle) pain. The physical examination demonstrated a stable ankle, no laxity, and no significant pathology is reported. Diagnostic imaging studies objectified degenerative myxoid changes of the medial meniscus of the left knee and no other significant pathology. Previous treatment includes medications, physical therapy and ultrasound evaluation. A request had been made for additional physical therapy, MRI the left knee, diagnostic ultrasound and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary; Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: When noting the date of injury, the injury sustained, the findings noted on the most recent physical examination there is no clinical indication for additional physical therapy at this time. At most, home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and ambulation is all that would be supported. There is no medical necessity noted in the progress of presented for review. Therefore, the request is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Knee and Procedure Summary.

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

Decision rationale: An MRI of the knee has recently been completed, distally degenerative changes have been identified, and subsequent clinical evaluations do not identify a change in physical examination to suggest any different or new intra-articular pathology. There is no medical necessity to repeat MRI based on the clinical information presented. Therefore, the request is not medically necessary.

Sleep Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 - Medical examinations and consultations, page 127.

Decision rationale: The occupational health care provider may refer to other specialists if a diagnosis is uncertain or extremely complex. Based on the progress notes presented for review there are no noted complaints of a sleep disorder alone any findings to suggest sleep apnea. Therefore, based on the insufficient clinical information presented and noting no specific complaints; the request is not medically necessary.

Diagnostic Ultrasound of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: When taking the consideration of the most current physical examination reported relative to the knee, noting the changes identified on MRI and there has not been any indication of any intervening event there is insufficient clinical data to support the medical necessity of such a study. Therefore, the request is not medically necessary.