

Case Number:	CM14-0053548		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2012
Decision Date:	12/23/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/22/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 28 year old female with an injury date of 03/19/12. Based on the progress report dated 03/21/14, the patient complains of low back pain that radiates down to the right knee and leg. The pain is rated at 6/10 with medications and 8/10 without medications. Physical examination of the lumbar spine reveals restricted and painful range of motion with flexion of 50 degrees and extension of 15 degrees. Palpation of the paravertebral muscles reveals tenderness and spasms on the right side. Straight leg raise is positive. Lumbar facet loading is positive on the right side. Physical examination of the right knee reveals swelling and restricted range of motion. There is tenderness to palpation over the medial joint line, patella, and pes anserine along with mild effusion in the knee joint. Physical examination of the right ankles reveals tenderness over the Achilles tendon. There is decreased sensation over L4 and L5 lower extremity dermatome on the right side. Medications, as per progress report dated 03/21/14 include Ibuprofen and Ultram. The patient underwent right anterior cruciate ligament/medial meniscus arthroscopic repair on 03/14/13. The surgery provided mild pain relief. The patient has been advised to walk for exercise, as per the same progress report. The patient completed 24 sessions of physical therapy for right knee in March 2013, as per progress report dated 03/07/14. MRI of the Right Knee, November 2012, as per progress report dated 03/07/14: Anterior cruciate ligament and medial meniscal tear. X-ray of the Right Knee, 09/19/12, as per progress report dated 03/07/14 - No findings provided Diagnosis, 03/07/14 are Knee pain, Foot pain and Low Back Pain. The provider is requesting for (a) Physical Therapy 2 x 6 for persistent right knee pain (b) Decision for X-ray of right knee to include weight bearing views and sunrise views of the patella. The utilization review determination being challenged is dated 03/25/14. The rationale is as follows:(a) PT 2 x 6 for persistent right knee pain "The current request does not

indicate the amount of recent physical therapy, if any, and does not indicate the results of any recent therapy." (b) Decision for X-ray of right knee to include weight bearing views and sunrise views of the patella. "The documentation does not clearly indicate how management will be changed based on the results of radiographs." Treatment reports were provided from 03/07/14 - 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 6 weeks for persistent right knee pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 01/20/14), Physical Medicine Treatment

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: The patient presents with low back pain that radiates down to the right knee and leg. The pain is rated at 6/10 with medications and 8/10 without medications, as per progress report dated 03/21/14. The request is for Physical Therapy 2 x 6 for persistent right knee pain. MTUS Guidelines, pages 24 and 25, state that "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint." The guidelines allow for 24 sessions of physical therapy over a period of 16 weeks for post-operative sprains and strains of leg and knee. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient completed 24 sessions physical therapy in March, 2013. She underwent right anterior cruciate ligament/medial meniscus arthroscopic repair on 03/14/13. This could warrant another set of post-operative physical therapy sessions. However, the patient is not within the post-surgical physical therapy treatment period of six months. The request for 12 physical therapy sessions exceeds what is allowed by MTUS in non-operative cases. Therefore, this request is not medically necessary.

X-ray of the right knee to include weight bearing views and sunrise views of the patella:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 01/20/14), Radiography (x-rays), Indications for imaging-X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter on Radiography (X-rays knee)

Decision rationale: The patient presents with low back pain that radiates down to the right knee and leg. The pain is rated at 6/10 with medications and 8/10 without medications, as per progress report dated 03/21/14. The request is for Decision for X-ray of right knee to include weight bearing views and sunrise views of the patella. As per ODG Guidelines, Knee & Leg (Acute & Chronic) chapter on Radiography (X-rays knee), indications for x-rays include: Nontraumatic knee pain, child or adolescent - nonpatellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table); Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view and non-traumatic knee pain, adult: non-trauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). In this case, the patient received an X-ray for the Right Knee on 09/19/12, as per progress report dated 03/07/14. However, the report does not list any findings. The patient did suffer a trauma in the right leg. Physical examination findings from report dated 03/21/14 revealed patellar tenderness and mild effusion of the right knee joint. It also has been 2 years with persistent symptoms. These findings meet the ODG guidelines for radiographs. Therefore, this request is medically necessary.