

<b>Case Number:</b>	CM14-0054466		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 year old patient had a date of injury on 3/28/2011. The mechanism of injury was when a metal cart filled with cleaning supplies ran into her knees. In a progress note dated 3/7/2014, subjective findings included patient complaining of bilateral shoulder pain, bilateral knee pain and hamstring pain that radiates to thigh and calf muscles. On a physical exam dated 3/7/2014, objective findings included well-healed portal scars bilaterally on medial and lateral aspects, evidence of prior arthroscopic surgeries, tenderness to palpation over patellar region. Flexion of right knee is 134 degrees and extension is 0 degrees. Left knee Range of Motion (ROM) flexion is 136 degrees and extension is 0 degrees. Diagnostic impression shows bilateral hamstring strain, status post bilateral knee arthroscopy in 2012. Treatment to date: medication therapy, behavioral modification, physical therapy dated 4/2012 and 3/2013 with some benefit, surgery (arthroscopy of knees in 2011). A Utilization Review (UR) decision dated 4/16/2014 denied the request for 12 physiotherapy sessions for the bilateral knees, dated 3/7/2014-6/13/2014, stating that some physiotherapy is indicated in order to instruct and educate the patient about an effective exercise program, and given that she has not had treatment in over a year, some physical therapy appears reasonable to instruct the patient. Therefore the request is certified for 12 physiotherapy sessions for #3, with remaining #9 noncertified. Diagnostic ultrasound studies of the bilateral hamstrings, dated 3/7/2014, was denied, stating there is no evidence based recommendations regarding the medical necessity for diagnostic ultrasound studies of the bilateral hamstrings in patients in absence of soft-tissue injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Physiotherapy sessions for the bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, Chronic Pain Treatment Guidelines Knee.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pg 114.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. MTUS Post surgical treatment guidelines for arthroscopy recommends 12 treatments over 12 weeks. However, this patient had date of injury in 2011, and has had physical therapy (51 sessions) in the past. There was no clear description of prior functional gains or improvements in activities of daily living from the prior sessions. Further information would be necessary to substantiate this request for physical therapy. Therefore, the request for 12 sessions of physiotherapy for bilateral knees is not medically necessary and appropriate.

## **1 diagnostic ultrasound studies of the bilateral hamstrings: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.radiologyinfo.org/en/info.cfm?pg=musculous>.

**Decision rationale:** MTUS and ODG do not address this issue. Diagnostic ultrasound is safe and painless, and produces pictures of the inside of the body using sound waves. Ultrasound imaging, also called ultrasound scanning or sonography, involves the use of a small transducer (probe) and ultrasound gel placed directly on the skin. High-frequency sound waves are transmitted from the probe through the gel into the body. Ultrasound images of the musculoskeletal system provide pictures of muscles, tendons, ligaments, joints and soft tissue throughout the body. In a progress note dated 2/7/2014, it was noted that the patient suffered from bilateral shoulder, knee, and hamstring pain. However, there was no documentation of injury or exam findings of the hamstring that would justify a diagnostic ultrasound. Furthermore, there was no evidence based recommendations found regarding the medical necessity of diagnostic ultrasound studies of the bilateral hamstrings. Therefore, the request for diagnostic ultrasound studies of the bilateral hamstrings is not medically necessary.

