

<b>Case Number:</b>	CM14-0091172		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 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 an injured worker with the diagnoses of left ankle sprain, low back contusion, left knee contusion, and history of left ankle fracture. Date of injury was 2/11/2014. Regarding the mechanism of injury, on 2/11/2014, the patient tripped and fell while going downstairs. She fell, landing on the left knee, twisted the left ankle, and injured the back. X-ray of the left knee performed 2/11/14 demonstrated no acute fracture. The alignment was normal. Tricompartamental degenerative changes were seen. No significant soft tissue abnormality is identified. The physical therapy progress report dated 4/30/14 documented objective findings. The patient demonstrated good gait with no limp and improved ability to change directions. Left knee tibiofemoral joint is within normal limits. Local pain in the anterior ankle was decreased but present with compression. Heel cord flexibility is improved with less pain. Lateral ankle and foot tenderness was improving. Left knee active range of motion was 0 - 140 degrees. Left ankle active range of motion was dorsi-flexion 18, plantar-flexion 44, inversion 36, and eversion 12 degrees. The patient has completed 6 out of 6 visits of physical therapy. The patient reported that she was doing better. The patient is able to walk up to 30 minutes. The patient is able to walk with no limp and normal stride with improving balance. The progress report dated 5/19/14 documented subjective complaints of left knee and ankle pain which was dull, intermittent, and rated at 4/10. Physical examination was documented. Left knee exhibited normal range of motion, no effusion, no ecchymosis, no deformity, no erythema, no lateral collateral ligament laxity, no bony tenderness, and no medial collateral ligament laxity. Medial joint line and lateral joint line tenderness was noted. Swelling was noted. Left ankle exhibited normal range of motion, no swelling, no ecchymosis, no deformity, and normal pulse. Anterior side tenderness was noted. Achilles tendon was normal. Left foot exhibited normal range of motion, no tenderness, no bony tenderness, no swelling, normal capillary refill, and no crepitus.

Neurologically she has normal sensation and normal strength. Gait was normal. Diagnoses were left ankle sprain, low back contusion, left knee contusion, and history of left ankle fracture. Treatment plan included MRI magnetic resonance imaging of the left knee and physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Therapy: Additional Physical Therapy 2x4 for the left ankle, left knee & low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT) Knee & Leg (Acute & Chronic) Physical therapy Ankle & Foot (Acute & Chronic) Physical therapy (PT)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend 10 visits for lumbar sprains and strains. ODG guidelines recommend 9 visits for knee arthropathy. ODG guidelines recommend 9 visits for ankle sprain. The physical therapy progress report dated 4/30/14 documented that the patient demonstrated good gait with no limp and improved ability to change directions. Left knee tibiofemoral joint was within normal limits. Local pain in the anterior ankle was decreased but present with compression. Heel cord flexibility was improved with less pain. Lateral ankle and foot tenderness was improving. Left knee active range of motion was 0 - 140 degrees. Left ankle active range of motion was dorsi-flexion 18, plantar-flexion 44, inversion 36, and eversion 12 degrees. The patient reported that she was doing better. The patient is able to walk up to 30 minutes. The patient was able to walk with no limp and normal stride with improving balance. The patient had completed 6 visits of physical therapy. MTUS and ODG guidelines allow for up to 10 physical therapy visits. Per ODG guidelines, when the number of visits exceeds the guidelines, exceptional factors should be noted. Eight additional physical therapy visits were requested. The patient has completed 6 physical therapy visits. The request for 8 additional visits would result in a total of 14 physical therapy visits. No exceptional factors were noted supporting the request to exceed the guideline recommendation of 10 total physical therapy visits. Therefore, the request for 8 additional physical therapy visits is not supported by the medical records and MTUS and ODG guidelines. Therefore, the request for Additional Physical Therapy 2x4 for the left ankle, left knee & low back is not medically necessary.

**MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 335-336, 341, 343-345, 346-347.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. Medical records document a history of left knee contusion. X-ray of the left knee performed 2/11/14 demonstrated no acute fracture. The alignment was normal. Tricompartmental degenerative changes were seen. No significant soft tissue abnormality was identified. The physical therapy progress report dated 4/30/14 documented that the patient demonstrated good gait with no limp and improved ability to change directions. Left knee tibiofemoral joint was within normal limits. Left knee active range of motion was 0 - 140 degrees. The patient is able to walk with no limp and normal stride with improving balance. The progress report dated 5/19/14 documented that the left knee exhibited normal range of motion, no effusion, no ecchymosis, no deformity, no erythema, no lateral collateral ligament laxity, no bony tenderness, and no medial collateral ligament laxity. Medial joint line and lateral joint line tenderness was noted. Gait was normal. Medical records document that the left knee demonstrated full range of motion with a normal gait. No evidence of significant knee pathology was documented on physical examination. The request for MRI magnetic resonance imaging of the left knee is not supported by the medical records. Therefore, the request for MRI of the left knee is not medically necessary.