

Case Number:	CM13-0052122		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2005
Decision Date:	04/16/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 injured worker sustained an industrial injury on January 23, 2004. He had reported injury of the neck, bilateral wrist, hand, bilateral shoulders, lower back, bilateral hips, knees, left ankle, and headaches and has been diagnosed with Lumbar spine sprain/strain, multilevel stenosis, and status post bilateral shoulder scope. Treatment has included surgery, acupuncture, lumbar bracing, aquatic therapy, and physical therapy. Currently the injured worker complains of left knee buckling and flare up. The treatment plan included physical therapy and injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LEFT KNEE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, there was insufficient evidence to support the need for supervised physical therapy for the left knee. The injury occurred many years prior to this request, and although no record was provided for review which discussed the number and dates of physical therapy sessions for the left knee since then. However, the worker should be able to perform home exercises for the knee at this point in his treatment, and there was no evidence to suggest the worker was unable to perform left knee exercises at home to warrant supervision. Therefore, the request for 8 sessions of physical therapy for the left knee will be considered medically unnecessary.

DX US VERSUS MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, and upon review of the notes provided for review, the worker reported gradual worsening of his left knee limitations, for which he wore a brace. However, insufficient physical findings showed any evidence of a soft tissue injury, but rather there was confirmed osteoarthritis of the left knee joint, which was likely contributing to the worker's symptoms. Without more clear criteria being met to suggest soft tissue damage, requiring intervention, the left knee MRI will be considered medically unnecessary at this time.