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| Case Number: | CM14-0190583 | | |
| Date Assigned: | 11/24/2014 | Date of Injury: | 09/12/2012 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

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 is a 40-year-old female with a 9/12/12 date of injury. The injury occurred when she fell at work on her right knee. According to a progress report dated 7/10/14, the patient reported that her bilateral knee pain remained unchanged since her last visit. According to the report from her previous visit, dated 6/12/14, she complained of pain in her right knee associated with numbness and tingling, as well as weakness in the right leg and right foot. She rated her pain as an 8/10. She stated that her pain had been worsening since the injury. Objective findings: restricted range of motion of right knee, tenderness to palpation of bilateral knees, mild effusion in right knee joint, right knee stable to valgus and varus stress in extension and at 30 degrees, no limitations in range of motion of left knee, light touch sensation normal in extremities examined. Diagnostic impression: knee pain (right). Treatment to date: medication management, activity modification, physical therapy, right knee arthroscopy. A UR decision dated 10/27/14 modified the request for physical therapy for bilateral knees from 12 sessions to 6 sessions and denied the request for MRI of the left knee. The patient has a longstanding injury and would be expected to have previously completed physical therapy. However, the patient is having increasing symptoms and has difficulty standing and walking for prolonged periods of time. As such, the requested physical therapy is modified to an initial 6 sessions. Regarding MRI, the patient is currently being recommended for conservative treatment with physical therapy and response to conservative therapy should be assigned prior to consideration of advanced imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 times a week for 6 weeks for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Knee Chapter - Physical Therapy

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. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, it is noted that this patient has had prior physical therapy treatment. It is unclear how many sessions she has previously completed. Guidelines support up to 12 visits over 8 weeks for knee sprains and strains. An additional 12 sessions would exceed guideline recommendations. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Furthermore, the prior UR decision dated 10/27/14 modified this request to authorize 6 sessions to address the patient's remaining functional deficits. It is unclear why she would need 12 sessions at this time. Therefore, the request for PT 2 times a week for 6 weeks for bilateral knees is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter - MRI

Decision rationale: CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. However, in the present case, there is no documentation that the patient has an unstable knee or a red-flag condition. The majority of the patient's complaints are noted to be in her right knee, and it is unclear why an MRI of the left knee is being requested. There is no documentation of acute trauma to the knee or documentation of prior imaging. In addition, there is no documentation as

to failure of conservative management. In fact, additional physical therapy treatment has been requested. Therefore, the request for MRI of the left knee is not medically necessary.