

<b>Case Number:</b>	CM14-0200789		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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 worker is a 59 year old male who was injured on 5/4/10. He was diagnosed with internal derangement of the right knee and right knee chondromalacia of the patella. He was treated with heat, ice, physical therapy (12 completed sessions), TENS unit, orthoscopic surgery (knee, around 5/2014), and medications. He was seen on 10/2/14 by his treating physician, reporting continual right knee pain, which had increased and was associated with knee swelling and weakness. The pain level was then rated 10/10 on the pain scale and constant throughout the day, relieved by ice and TENS. He had stopped his NSAID except for aspirin due to stomach pain and/or lack of benefit. Physical examination revealed normal sensation, slightly decreased strength of the right leg, positive McMurrays' test bilaterally, positive patellar compression test bilaterally, mild laxity with valgus stress on the right knee and mild laxity with valgus stress on the left knee. BMI was measured as 32. He was then recommended to use a Flector patch, continue with his home exercises, complete additional physical therapy, and complete an MRI of the right knee to "check for progressive internal derangement subsequent to the surgery," and stop his Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI w/contrast right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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, there was insufficient evidence to support the right knee MRI. There were no red flag complaints or signs. Also, there was no significant difference in the reported pain levels and symptoms over the many months leading up to this request, including right after the previous surgery. Therefore, the MRI of the knee seems to be medically unnecessary at this time.

**Physical Therapy 2x6 Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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, who already had completed 12 sessions of physical therapy with lack of long-term benefit and who was completing home exercises (no details provided), there seems to be no justification to continue supervised physical therapy. Without evidence of benefit from previous sessions, and due to the recommended duration being already surpassed, as well as no evidence provided which would suggest the worker was not capable of performing home exercises, the additional 12 sessions of physical therapy for the right knee are not medically necessary.