

<b>Case Number:</b>	CM14-0204602		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 a 39 year old female who sustained a work related injury to her left knee while employed as a probation officer during an altercation on December 22, 2009. The injured worker underwent a left knee arthroscopy with partial lateral meniscectomy on October 11, 2010. In February 2014 the injured worker was evaluated for increasing pain of the left knee and was treated with a Synvisc Injection with some improvement. According to the treating physician's progress report on August 28, 2014 she still continued to experience intermittent pain but declined another injection. Inspection of the left knee showed no effusion with range of motion as follows: extension 0 degrees, flexion 130 degrees and 1+/4+ tenderness medial joint and medial and lateral patella. According to the treating physician's progress report on November 6, 2014 the patient had a dull ache and occasionally sharp with certain movements and declined Synvisc again. The injured worker was instructed to use conservative measures, over-the-counter pain control and Norco as needed. There was no change in the physical examination. Physical therapy was noted in October 2104 to the left knee. The injured worker returned to full duty and is not considered permanent and stationary. The treating physician has requested authorization for a magnetic resonance arthrogram of the left knee and physical therapy twice a week for 4 weeks to the left knee for strengthening and progression to a home exercise program. On November 18, 2014 the Utilization Review denied certification for a magnetic resonance arthrogram of the left knee and modified the authorization for physical therapy to 2 sessions. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines on Physical Medicine and the Official Disability Guideline (ODG) Knee and Leg, MR arthrography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram, 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 (ODG) Knee and Leg Chapter, MR Arthrography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRIs, MR Arthrography.

**Decision rationale:** Regarding the request for MRI arthrogram of the left knee, CA MTUS and ACOEM indicate the most knee problems improve quickly once any red flag issues are ruled out. ODG states that arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear. Within the documentation available for review, there is a history of meniscectomy, but the current symptoms/findings are not suggestive of meniscal injury and there is no other clear rationale identifying the medical necessity of MR arthrogram in the evaluation of the patient's pain. In the absence of such documentation, the currently requested MRI arthrogram of the left knee is not medically necessary.

**Additional Physical Therapy (PT) 8 sessions, 2 x 4: Upheld**

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

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

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of a recent course of PT, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, given the amount of recent PT sessions were completed, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.