

<b>Case Number:</b>	CM14-0205149		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of injury occurring on 04/11/14 when, while working as an Installation Technician, she stepped on an uneven surface and twisted her left ankle and then fell on her right knee. She was seen by the requesting provider on 05/09/14. X-rays of the right knee and left ankle had been negative. Treatments had included medications and crutches. Her left ankle and foot pain had resolved. She was having ongoing right knee pain rated at 6-8/10 with swelling and stiffness and increased pain with movement. Physical examination findings included a height of 5 feet, 5 inches and weight 195 pounds which corresponds to a BMI of 32.4. There was decreased right knee range of motion with pain and an antalgic gait using crutches. There was a small joint effusion. She was provided with a knee support. She was referred for physical therapy and for a right knee MRI. She was evaluated for physical therapy on 06/04/14. She was having right knee pain rated at 3-10/10. Treatments included exercise, functional activities, and electrical stimulation. An MRI of the right knee on 05/27/14 showed findings of lateral tibial plateau chondral fissuring with full thickness involvement. On 06/06/14 a right knee injection was done with ultrasound guidance. On 08/18/14 she underwent right knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty with synovectomy. The claimant was evaluated again for physical therapy on 10/29/14. She was having pain rated at 6-7/10. Physical examination findings included decreased right knee range of motion with decreased strength and an antalgic gait. She had decreased balance. There was right knee joint line, patellar tendon, vastus medialis, and iliotibial band tenderness. A course of therapy was planned two times per week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Right Knee 2x4 (8): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant sustained a right knee injury in April 2014. She had physical therapy prior to undergoing arthroscopic surgery in August 2014. Post-surgical treatment after knee the arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of post-operative therapy visits is within accepted guidelines and therefore medically necessary,

**Weight Bearing X-Rays Right Knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Knee Chapter, Radiography section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic, Radiography (x-rays) and Other Medical Treatment Guideline or Medical Evidence: ACR Appropriateness Criteria: Nontraumatic Knee Pain.

**Decision rationale:** The claimant sustained a right knee injury in April 2014. She had physical therapy prior to undergoing arthroscopic surgery in August 2014. She has ongoing knee pain. Imaging nontraumatic knee pain can include anteroposterior (AP) and lateral radiographs. The AP view can be performed with the patient either standing or supine. Standing radiographs have been reported to more accurately reflect medial and lateral joint compartment cartilage loss than supine radiographs. In this case, the claimant has undergone right knee medial and lateral meniscectomy and headaches ongoing knee pain. The requested weight bearing x-rays of the right knee are medically necessary.

**Interspec If II and Supplies for the Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The claimant sustained a right knee injury in April 2014. She had physical therapy prior to undergoing arthroscopic surgery in August 2014. Use of an interferential

stimulation unit should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial after there has been ineffective pain control despite conservative measures. In this case, the claimant has not undergone a trial of interferential stimulation and therefore the requested Interspec IF II with supplies is not medically necessary.