

Case Number:	CM15-0005896		
Date Assigned:	01/20/2015	Date of Injury:	12/21/2013
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 30 year old female, who sustained an industrial injury on 12/21/13. She has reported left knee pain, grinding and swelling. The diagnoses have included left knee lateral meniscus tear and patellar maltracking. Treatment to date has included left knee x-ray, MRI of the left knee, Orthovisc injections and oral medications. As of the PR2 dated 12/9/14, the injured worker reported minimal pain improvement with Orthovisc injections and pain in right knee due to over compensation. The treating physician requested an MRI of the left knee and physical therapy 2x week for 3 weeks. On 12/31/14 Utilization Review non-certified a request for an MRI of the left knee and physical therapy 2x week for 3 weeks. The utilization review physician cited the ODG guidelines for knee and leg and the MTUS guidelines for chronic pain management. On 1/6/15, the injured worker submitted an application for IMR for review of an MRI of the left knee and physical therapy 2x week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/14)

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

Decision rationale: There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries or progressive change to support for the imaging study. The MRI Left Knee is not medically necessary and appropriate.

Physical Therapy 2x week x 3 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical
Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2x week x 3 weeks left knee is not medically necessary and appropriate.