

Case Number:	CM15-0137662		
Date Assigned:	07/27/2015	Date of Injury:	04/08/2015
Decision Date:	08/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/16/2015

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: Emergency Medicine

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 38 year old woman sustained an industrial injury on 4/8/2015 after a slip and fall on soap in the bathroom. Diagnoses include left knee sprain. Treatment has included oral medications, ice, bracing, crutches, and physical therapy. Physician notes on a PR-2 dated 5/15/2015 show complaints of left knee pain rated 6/10. Recommendations include left knee MRI, continue physical therapy, Norco, continue use of knee brace and crutches, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions (3 x 4) for the left knee, pelvis including hips, groin area and sacrum: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has had at least 7 PT sessions with some improvement in function. These 12 sessions of PT was requested for post operative period. However, there is no documentation of any approval of the arthroscopic knee surgery provided for review. Without documentation of impending surgery, any additional PT sessions, especially 12 sessions, is not medically necessary.

MRI of left 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: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are red-flag findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient already had a recent MRI of the knee. It is unclear why an additional MRI is needed. MRI of knee is not medically necessary.