

<b>Case Number:</b>	CM15-0184699		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 37 year old male, who sustained an industrial injury on September 8, 2011. He reported a crack and pain in his left knee. The injured worker was currently diagnosed as having left knee quadriceps mechanism status post laceration and repair, quadriceps atrophy, chronic left leg and knee pain, right leg compensable pain, anxiety and depression. Treatment to date has included diagnostic studies, surgery, post-operative physical therapy with benefit, medication, chiropractic treatment with temporary benefit and home exercises. On July 21, 2015, the injured worker complained of ongoing pain in his left quad. He also noted ongoing pain in the right knee as a compensable problem due to his left knee. He noted ongoing depression and anxiety relating to his injury due to the inability to fully work and due to ongoing chronic pain. Physical examination of the left knee revealed pain and mild crepitation through range of motion. Physical examination of right knee revealed tenderness in the patella and medial and lateral joint lines. There was pain and crepitation though range of motion. The treatment plan included twelve visits of work conditioning, an MRI of the right knee, purchase of an extra long knee brace, medication, modified work duty and treatment of depression and anxiety. On August 20, 2015, utilization review denied a request for an MRI of the right knee and twelve sessions of physical therapy for work conditioning. A request for Ambien 10mg and an extra long left knee brace was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI (magnetic resonance imaging), Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration to support for the repeat MRI. Besides continuous intermittent pain complaints, exam is without progressive neurological deficits, report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for the MRI without significant change or acute findings. 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). The guideline criteria have not been met. The MRI (magnetic resonance imaging), right knee is not medically necessary and appropriate.

### **Physical Therapy for Work Conditioning, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Medicine guidelines - Work conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**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 2011 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 for work conditioning, 12 sessions is not medically necessary and appropriate.