MAXIMUS Federal Services

Case Number:	CM15-0192163		
Date Assigned:	10/06/2015	Date of Injury:	08/30/2011
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 33-year-old male who sustained an industrial injury on 8-30-2011. Diagnoses for the right knee have included right knee patella facet arthritis, medial patellar facet chondromalacia patella, and right knee pain. The last MRI noted for this injury was dated 11-14-2014. Documented treatment includes a right knee microfracture, medial patellar facet on 2-13-2013; arthroscopic patella osteochondral autograft transfer system procedure 4-13-2015; 12 post-operative sessions of physical therapy; and oral and topical medication. At the 8-7-2015 visit, the injured worker continued to report right knee and heel pain including spasms in his foot, and on 9-4-2015 he said it continued to increase along the anterolateral joint line, and he was experiencing a "popping" while walking. The physician noted that ankle and heel pain was originating in the plantar fascia and along the posterior tibialis tendon and stated it was "likely due to walking with an antalgic gait." The right knee had 1+ effusion, and range of motion was noted at 0-120 degrees with pain. He also had pain with resisted dorsiflexion of the foot reported to be along the extensor digitorum longus tendon, and he noted tenderness with palpation. McMurray's was positive and bounce home test was stated as "equivocal." The physician noted on 8-7-2015 that the foot was not included in his physical therapy treatment rendered, and the plan of care includes 12 additional sessions of physical therapy. The medical records provided do not include specific progress and response to the post-operative physical therapy. Additionally, an MRI of the right knee without contrast was requested. Both have been denied as of 9-18-2015. The injured worker remains totally temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

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

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

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. The patient has no instability of the joint on exam and not signs of ligament damage or tear. There is joint line tenderness and popping on exam. There are no significant exam changes since last MRI. Therefore, the request is not medically necessary.

Physical therapy 3 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

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

Decision rationale: Physical Medicine Guidelines-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.