

Case Number:	CM15-0201182		
Date Assigned:	10/16/2015	Date of Injury:	04/17/2014
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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, Hawaii

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 42-year-old female, with a reported date of injury of 04-17-2014. The diagnoses include right knee chondromalacia, right knee cruciate ligament sprain and strain, right knee internal derangement, right knee lateral collateral sprain and strain, and status post right knee surgery. Treatments and evaluation to date have included physical therapy, Naproxen, and home exercises. The diagnostic studies to date have included an MRI of the right knee on 06-24-2014 which showed high-grade partial tear versus complete and full-thickness tear of the mid-section of the anterior cruciate ligament, an oblique tear of the posterior horn lateral meniscus with radial component, grade 2 sprain medial collateral ligament, small joint effusion, and contusion of the medial tibial plateau; and a urine drug screen on 06-15-2015 with consistent findings. The progress report dated 09-08-2015 indicates that the injured worker did not use assistive devices or supports. The injured worker complained of frequent right knee pain. The pain increased with prolonged walking or standing, flexing and extending the knee, ascending or descending stairs, squatting, and stooping with episodes of buckling and giving way. She rated her right knee pain 5 out of 10 (07-13-2015 to 09-08-2015). The objective findings include mild swelling of the right knee; multiple incisions; flexion of the right knee at 130-110 degrees; extension of the right knee at 0-0 degrees; tenderness to palpation of the anterior knee; negative McMurray's test; negative Valgus; negative Varus; positive Anterior Drawer; and negative Posterior Drawer. The treatment plan included an open MRI of the right knee due to worsening mechanical painful symptoms, an initial functional capacity evaluation to ensure that the injured worker could safely meet the physical demands of her occupation, and a range of motion and

muscle testing analysis to monitor the injured worker's progress. The injured worker has been instructed to remain off work until 10-08-2015. The request for authorization was dated 09-08-2015. The treating physician requested an open MRI of the right knee, an initial functional capacity evaluation, and range of motion and muscle testing analysis. On 09-18-2015, Utilization Review (UR) non-certified the request for an open MRI of the right knee, an initial functional capacity evaluation, and range of motion and muscle testing analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open magnetic resonance imaging (MRI) of the right knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, MRIs.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Open MRI of the right knee. The treating physician states in the report dated 9/18/15, "Request Open MRI due to worsening mechanical painful symptoms for the following body parts: right knee." (149B) For repeat MRIs, the ODG Guidelines state, "Post-surgical if need to assess knee cartilage repair tissue." The patient had a knee arthroscopy in September 2014 and an open knee MRI on 6/24/14. In this case, the treating physician has requested an open MRI post-surgery due to worsening pain which is recommended by the ODG guidelines. The current request is medically necessary.

Functional capacity evaluation initial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM 2nd edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139) Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 137.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Functional Capacity Evaluation Initial. The treating physician states in the report dated 9/18/15, "A physical performance FCE is requested to ensure the patient can safely meet the physical demands of their occupation." (149B) The ACOEM guidelines state, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The current request is not medically necessary.

A range of motion and muscle testing analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Computerized muscle testing.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for a range of motion and muscle testing analysis. The treating physician states in the report dated 9/18/15, "A range of motion and muscle testing analysis is requested to monitor the patient's progress." (149B) The ODG Guidelines state, "Not recommended. There are no studies to support computerized strength testing of the extremities." In this case, the treating physician has requested a procedure that is not recommended by the ODG guidelines. The current request is not medically necessary.