

Case Number:	CM15-0208591		
Date Assigned:	10/27/2015	Date of Injury:	10/03/2014
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 48 year old, female who sustained a work related injury on 10-3-14. A review of the medical records shows she is being treated for left knee pain. In the progress notes dated 9-17-15, the injured worker reports left knee pain. On physical exam dated 9-17-15, she has numbness, tingling, clicking, popping, and intermittent raw burning pain which radiates when she takes a step. She has tightness in the left knee. She has tenderness in left knee. Treatments have included left knee surgery on 2-16-15, a plasma-rich plasma injection, medication, pool exercises, home exercises, and approximately 24 physical therapy visits. Current medications include Advil. She is not working. The treatment plan includes requests for a repeat MRI of left knee and physical therapy to left knee. The request for the repeat MRI is to check on the healing and see if there is bone edema. No changes in treatment are anticipated with the MRI results. The Request for Authorization dated 9-18-15 has requests for a repeat MRI of left knee and physical therapy x 12 visits. In the Utilization Review dated 9-24-15, the requested treatments of a repeat MRI of left knee and 12 visits of physical therapy for left knee are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Knee and Leg (Acute and Chronic) Chapter last updated 07/10/15 Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/MRI.

Decision rationale: MTUS Guidelines do not address the issue of repeat MRI studies. ODG Guidelines address this issue and do not recommend repeat MRI studies unless there is a substantial change in an individual's condition. This criteria is not met with individual. There has been a delayed recovery, but there continues to be improvement and the stated reason for the repeat MRI appears to be more of an academic rationale than medical necessity. The MRI is to see if there is continued bone edema post operative which may be a cause of the pain. No new or additional surgical intervention is anticipated based on this finding. ROM is full and there are no reported concerns of red-flag conditions such as infection. Under these circumstances, the request for the repeat MRI of the left knee is not supported by Guidelines and is not medically necessary.

12 sessions of physical therapy for the left knee: Upheld

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

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

Decision rationale: MTUS postsurgical Guidelines recommend that up to 24 sessions of hands on therapy are recommend as adequate. There has been persistent pain, but no post operative complications such as an infection or post surgical adhesion's which might justify an exception to Guidelines. Full ROM is documented and follow up exercise and rehabilitation are documented. There is inadequate information to establish a medical necessity that would support an exception to Guidelines. The request for an additional 12 sessions of hands on physical therapy are not supported by Guidelines and are not medically necessary.