

Case Number:	CM15-0209009		
Date Assigned:	10/28/2015	Date of Injury:	08/30/2011
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey
 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:

This is a 33 year old male who sustained a work-related injury on 8-30-11. Medical record documentation on 10-26-15 revealed the injured worker was being treated for right knee medial patella facet arthritis status post osteochondral autograft transfer system (OATS) and medial patellar facet chondromalacia patella status post OATS procedure on 4-13-15, right knee pain, right knee lateral meniscus tear, right plantar fasciitis and extensor digitorum tendinitis of the right foot. He reported increased pain along the anterolateral joint line, pain in the posterior aspect of the knee and noted popping when he walked. He reported ankle and heel pain. He reported the area of origin of the planta fascia and along the posterior tibialis tendon as it transversed posterior and inferior to the medial malleolus. The evaluating physician noted that this symptom was likely due to walking with an antalgic gait. Objective findings included a well-healed incision to the right knee with right knee range of motion 0-127 degrees with pain (0-100 degrees on 6-17-15). He had a 1+ effusion and Large Baker's cyst in the popliteal fossa. He had pain with resisted dorsiflexion of the foot along the extensor digitorum longus tendon and with direct palpation along the extensor digitorum longus. He had popping in the lateral compartment with range of motion. Bounce home test was equivocal and McMurray's test was positive. He walked with an antalgic gait. He had pain with direct palpation of the origin of the plantar fascia and along the posterior tibialis tendon. His treatment plan included MRI of the right knee to evaluate for lateral meniscal tear due to compensatory measures, complete physical therapy for the right knee and modified activities. The injured worker had not worked since 11-30-12. The evaluating physician noted that the injured worker's body mechanics were affected due to his

antalgic gait. Previous treatment included 25 physical therapy for the right knee, Voltaren gel for pain and inflammation, Naprosyn and Norco. A request for physical therapy for the right knee three times per week for four weeks, 12 sessions and MRI of the right knee without contrast was received on 10-8-15. On 10-12-15, the Utilization Review physician determined physical therapy for the right knee three times per week for four weeks, 12 sessions and MRI of the right knee without contrast was not medically necessary.

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 without contrast: Overturned

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 MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, following arthroscopy and repair of the right knee on 4/13/2015 and physical therapy (25 post-surgical sessions), the worker developed new and worsening symptoms along the anterolateral knee joint line and posterior aspect (pain and popping). The provider suspected this was due to compensatory antalgic gait, which is reasonable. Physical findings also showed pain with range of motion, effusion, Baker's cyst, popping in lateral compartment, equivocal bounce home test and positive McMurray's test. Due to the above history and findings and having already completed multiple physical therapy sessions, MRI is the most appropriate follow-up test in this case (not x-ray) as meniscal injury is likely.

Physical therapy, right knee, 3 times weekly for 4 weeks, 12 sessions: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short-term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home

exercises. In the case of this worker, there was completion of 25 post-surgical physical therapy sessions months prior to presenting with worsening right knee pain. Although conservative care is warranted here, it is not clear from the notes whether or not the worker had been regularly performing home exercises following the supervised therapy sessions to help continue to strengthen and stabilize the right leg. There no mention of this worker not being able to perform these exercises which should have been taught to him by this point. Therefore, home exercises would be more appropriate rather than additional supervised physical therapy as requested.