

Case Number:	CM15-0024441		
Date Assigned:	02/17/2015	Date of Injury:	11/08/2013
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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 57 year old female, who sustained an industrial injury on November 8, 2013. She has reported injury from a slip and fall. The diagnoses have included left knee status post partial medial meniscectomy, and right knee arthralgia. Treatment to date has included left knee surgery, 36 completed post-operative physical therapy visits, radiological imaging, and medications. Currently, the IW complains of left knee pain. She reports the occasional popping, cracking and numbness of the back of the knee. Physical findings reveal slightly limited range of motion, and tenderness over the knee. A Grind test is positive. There is no evidence of instability. She utilizes a cane for ambulation. She also complains of right knee pain with radiation up and down the right leg. A magnetic resonance imaging of the left knee completed on January 22, 2014, revealed a horizontal degenerative tear of the posterior horn of the medial meniscus, and small joint effusion. On January 26, 2015, Utilization Review non-certified magnetic resonance imaging of the left knee, and additional physical therapy two times weekly for six weeks. The ACOEM, MTUS, and ODG guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging of the left knee, and additional physical therapy two times weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Magnetic resonance imaging.

Decision rationale: The patient presents with unrated left knee pain following recent surgery. The patient's date of injury is 11/08/13. Patient is status post left knee arthroscopy with medial meniscectomy on 06/02/14. The request is for MRI OF THE LEFT KNEE. The RFA is dated 01/06/15. Physical examination of the left knee dated 01/12/15 reveals well healed surgical portals, varicose veins, mild crepitus, no effusion, range of motion 0-115 degrees, mild left quadriceps atrophy. The patient's current medication regimen was not provided. Diagnostic imaging included X-Ray of the left knee dated 01/08/15, findings include: "mild diffuse osteopenia... medial joint space measures 3.5 on the left lateral joint space measures 4.5 on both sides." Per 01/12/15 progress note, patient is advised to return to work ASAP. ODG Guidelines, Knee and Leg chapter, Magnetic resonance imaging supports it for suspected internal derangement. Under Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In regards to the request for an MRI of the left knee, treater has not provided a reason for the request. Patient had an MRI performed pre-operatively on 01/22/14. Progress note dated 01/12/15 discusses that this patient has experienced an increase in pain following her recent return to work, though does not discuss any acute injury which would warrant additional imaging. Given that the patient has not had post-operative films, and persistent symptoms, an updated MRI appears reasonable. The request IS medically necessary.

Additional physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee arthroplasty Page(s): 24-25.

Decision rationale: The patient presents with unrated left knee pain following recent surgery. The patient's date of injury is 11/08/13. Patient is status post left knee arthroscopy with medial meniscectomy on 06/02/14. The request is for ADDITIONAL PHYSICAL THERAPY: 2X6. The RFA is dated 01/06/15. Physical examination of the left knee dated 01/12/15 reveals well healed surgical portals, varicose veins, mild crepitus, no effusion, range of motion 0-115 degrees, mild left quadriceps atrophy. The patient's current medication regimen was not provided. Diagnostic imaging included X-Ray of the left knee dated 01/08/15, findings include: "mild diffuse osteopenia medial joint space measures 3.5 on the left lateral joint space measures 4.5 on both sides." Per 01/12/15 progress note, patient is advised to return to work ASAP. MTUS Guidelines, pages 24-25, recommend 24 visits of post surgical treatment over 10 weeks for patients who have undergone knee arthroplasty. The post surgical physical medicine treatment

period is 4 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater has not documented reason for the request. Based on physical therapy reports, the patient has undergone 36 post operative physical therapy sessions to date. While conservative treatment such as physical therapy are indicated for treatment of chronic pain of this nature, there is no discussion of acute re-injury to support additional therapy and this patient is well outside the post surgical time frame. Furthermore, it is unclear why this patient is unable to transition to a home-based physical therapy program following the 36 supervised sessions completed to date. Therefore, the request IS NOT medically necessary.