Case Number:	CM15-0025299		
Date Assigned:	02/17/2015	**Date of Injury:**	08/14/2012
Decision Date:	04/02/2015	**UR Denial Date:**	01/29/2015
Priority:	Standard	**Application Received:**	02/10/2015

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: 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 58-year-old male injured worker suffered and industrial injury on 8/14/2012. The diagnostic studies were right shoulder magnetic resonance imaging, and electromyography. The treatments were TENS, physical therapy, chiropractic therapy, and right arthroscopy. The treating provider reported paracervical muscle spasms with painful and limited range of motion. There was limited range of motion to the right shoulder with tenderness noted. There was right and left knee pain rated as 5/10. The Utilization Review Determination on 1/29/2015 non-certified 1. MRI left knee, MTUS, ACOEM. 2. Post-operative Physical Therapy 3 x 4 weeks, right shoulder, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-334.

Decision rationale: The MTUS/ACOEM Guidelines comment on the measures to evaluate a patient's knee complaint. These guidelines emphasize the need for a focused knee examination. Specifically, the guidelines state the following: A Focused Knee Examination, Knee examinations should be performed in a thorough and careful manner in order to identify any clinically significant pathology that may be present. A considerable number of patients may present with findings such as grinding, clicking, popping, and pain, yet do not necessarily have clinically significant intraarticular pathology or require more than conservative care. Patient's presenting with sensations of instability or locking require further investigation. Initially, the patient's gait and the appearance of the knees can be observed during stance. Difficulty walking, as well as deformity (e.g., excessive varus or valgus), swelling, redness, and inability to fully extend are all observable in this manner. In the supine position, smaller effusions, tenderness and its location (e.g., at joint lines), and range of motion can be determined. The posterior structures of the knee also can be inspected and palpated, including the popliteal fossa. Collateral ligament stability can be checked by applying varus and valgus stress (pressure) with the joint slightly flexed. Cruciate ligament competence is determined by pulling the tibia forward at 30 degrees (Lachman test) and 90 degrees (drawer test). The knee also can be examined at 0 degrees. The McMurray test is limited to testing defects of the posterior horn. A history of anterior knee pain and popping and clicking may suggest patellofemoral syndrome (PFS, formerly known as chondromalacia patella). Patients with tenderness over the patellar tendon or its insertion may have patellar tendinitis or Osgood-Schlatter disease, a congenital condition. Knee catching, locking, or swelling may be secondary to meniscus tears, patellofemoral instability or ligamentous injury. Patellar instability often presents as a constant dull pain. The guidelines also comment on indicators for a serious underlying cause of the patient's knee complaint. These "red flags" are cited in Table 13-1/Red Flags for Potentially Serious Knee Complaints/History and Physical Examination. Finally, the guidelines comment on the diagnostic studies used to assess a knee complaint. The guidelines specifically state that special studies, to include MRI imaging, are not needed to evaluate most knee complaints until after a period of conservative care and observation have been tried (Page 341). In this case, the office visit that generated the referral for the MRI of the left knee was on 8/18/2014. The only history documented in the available record was left knee pain 5/10. The only physical examination finding was tenderness of the left knee. The documented history and physical examination do not provide evidence of red flags that support the need for imaging studies. Further, there is no evidence of a focused physical examination of the knee as described above. Finally, there is no evidence to indicate that the patient has undergone a course of conservative therapy and observation. For these reasons, an MRI of the left knee is not considered as medically necessary.

Post-operative Physical Therapy 3 x 4 weeks, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical medicine modalities including physical therapy. These guidelines state the

following: Physical therapy is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The physical medicine guidelines also comment on the number of treatment sessions. Specifically, that treatment should allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. 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. In this case, the records indicate that the patient has already received approximately 32 sessions of physical therapy. It would be expected that the patient has received instruction that would allow for a self-directed home exercise program. Further, given the number of prior sessions, the patient has exceeded the MTUS recommendations for physical therapy. There is insufficient justification in support of the rationale behind the need for additional sessions. For these reasons, Post-Operative Physical Therapy 3 X 4 weeks for the Right Shoulder is not considered as medically necessary.