

Case Number:	CM15-0040658		
Date Assigned:	03/10/2015	Date of Injury:	12/12/2013
Decision Date:	04/21/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 64-year-old female, who sustained an industrial injury on 12/12/2013. She reported a knee and bilateral hand injury after a trip and fall. The injured worker was diagnosed as having right knee osteoarthritis and meniscal tear. Treatment to date has included magnetic resonance imaging, physical therapy and medication management. Currently, a progress note from the treating provider dated 2/3/2015 indicates the injured worker reported constant aching in the right knee. The pain improves with rest, icing and elevation, along with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the right 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 (ODG), Knee and Leg.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, MRI.

Decision rationale: According to the attached medical record, the injured employee has received a previous MRI for the right knee on September 10, 2014. There has not been a subsequent surgical procedure nor is there any indication that a repeat MRI of the knee would provide different results based upon the injured employee symptoms and physical examination findings. Without justification, this request for a repeat MRI of the right knee is not medically necessary.

12 sessions of Physical therapy for the right 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 (ODG), Knee and Leg.

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

Decision rationale: The California MTUS guidelines recommends up to 10 visits of physical therapy followed by home exercise for the injured employees right knee condition. According to the attached medical record the injured employee has already participated in physical therapy for the right knee. Without justification to pursue additional formal physical therapy, this request is not medically necessary.

Ultrasound of the right 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 (ODG), Knee and Leg.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, ultrasound, diagnostic.

Decision rationale: The official disability guidelines indicate that soft tissue injuries of the knee such as the meniscus, chondral services, and ligamentous disruption are best evaluated by MRI. The injured employee has already obtained an MRI the right knee and it is unclear what additional information could be obtained with ultrasound. This request for an ultrasound of the right knee is not medically necessary.