

Case Number:	CM15-0042577		
Date Assigned:	03/12/2015	Date of Injury:	04/24/2014
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 35-year-old female, who sustained an industrial injury on 04/24/2014. She has reported injury to the right ankle and left knee. The diagnoses have included right ankle/distal fibular fracture, minimally displaced; and left knee moderate degenerative joint disease, with internal derangement. Treatment to date has included medications, diagnostics, and home exercises. A progress note from the treating physician, dated 09/24/2014, documented a follow-up visit with the injured worker. The injured worker reported ongoing pain complaints in the right ankle and left knee. Objective findings included minimal tenderness and swelling of the right ankle with no instability; full motion of the right ankle, but limited range of motion of the subtalar joint; left knee with painful patellofemoral crepitus with motion; and mild swelling of the left knee with positive McMurray's test. The treatment plan has included requests for physical therapy 3 x 4; and for MRI left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the right ankle is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right ankle/distal fibula fracture, minimally displaced; left knee moderate degenerative joint disease with internal derangement. The medical record contains 26 pages. The most recent progress note in the medical record is dated September 4, 2014. The request for authorization is dated February 4, 2015. There is no progress note on or about the date of the request for authorization. There is no documentation of prior therapy. The date of injury was April 24, 2014. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The treating physician requested 12 sessions of physical therapy in excess of the recommended guidelines. In the alternative, if the injured worker received prior physical therapy, additional physical therapy would require compelling clinical facts that indicate additional physical therapy is warranted. There are no compelling clinical facts in the medical record. As noted above, the most recent progress note is dated September 2014 and the date of request February 2015. Consequently, absent compelling clinical documentation with objective functional improvement and physical therapy progress notes (if the injured worker received prior physical therapy) with a request in excess of the recommended guidelines, physical therapy three times per week times four weeks to the right ankle is not medically necessary.

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging left knee is not medically necessary. Soft tissue injuries (meniscal, condral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; nontraumatic knee pain, patellofemoral symptoms; nontraumatic knee pain initial antero posterior and lateral radiographs are nondiagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnoses are right ankle/distal fibula fracture, minimally displaced; left knee moderate degenerative joint disease with internal derangement. The medical record contains 26 pages. The most recent progress note in the medical record is dated September 4, 2014. The request for authorization is dated February 4, 2015. There is no progress note on or about the date of the request for authorization. Physical examination from the September 4, 2014 progress note shows range of motion is 0 - 135 with painful

patellofemoral crepitus with motion, but no patellar instability. Provocative testing is negative except for a positive McMurray's. The patient has mild swelling about the knee with no sign of infection. Muscle strength was normal. The injured worker has a mildly antalgic gait. There is no instability about the knee. Consequently, absent clinical documentation contemporaneous with the request for authorization on or about February 4, 2015 with objective physical findings, MRI imaging left knee is not medically necessary.