

<b>Case Number:</b>	CM15-0045048		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Hawaii  
 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 39 year old female who sustained an industrial injury on 01/31/2013. She reports she was involved in a motor vehicle accident experiencing left knee pain. Treatments to date include medications and physical therapy. She presents on 01/20/2015 with complaints of left knee pain along with weakness, popping and giving way sensation. Objective findings were left knee range of motion was from 0-90 degrees. There were well healed portals secondary to arthroscopic surgery. There was tenderness to palpation over the medial joint line. Diagnoses included left knee strain/sprain, lumbar spine strain/sprain and cervical spine strain/sprain. The provider notes that due to lack of expected improvement MRI arthrogram of left knee is requested. Physical therapy 2 times a week for the next 6 weeks to left knee was also requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram left 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, MRI.

**Decision rationale:** The patient presents with left knee pain. The current request is for MRI Arthrogram left knee. The treating physician states, "The patient complains of pain in the left knee along with weakness, popping, and giving way sensation. She states that she feels weak. At this time, due to lack of expected improvement; I request authorization of an MRI arthrogram of the left knee." (B.59) The MTUS guidelines do not address knee MRIs. The ODG guidelines support MRI of the knee for non-traumatic knee pain once x-rays have been taken and additional studies are indicated if internal derangement is suspected. In this case, the medical records have not documented x-rays being taken or any indication of possible internal derangement. The treating physician documented a diagnostic ultrasound being completed 11/24/14 (b.65). The current request is not medically necessary and the recommendation is for denial.

**Physical therapy 2 x 6 Left knee:** 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 patient presents with left knee pain. The current request is for Physical Therapy 2 x 6 Left Knee. The treating physician states, "The patient complains of pain in the left knee along with weakness, popping, and giving way sensation. She states that she feels weak. Continue physical therapy 2 times a week for the next 6 weeks, focusing on the left knee. The focus should include strength training, increasing range of motion and decreasing pain." (B59) The MTUS guidelines recommend for myalgia, myositis, and neuritis-type symptoms, 9-10 sessions over 8 weeks. In this case, the patient has already completed physical therapy sessions as indication in the progress report. It is not clear however, how many sessions were completed. The treating physician has not documented any new flare-ups that would warrant additional physical therapy sessions. The current request would go beyond the maximum amount of sessions allowed by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.