

<b>Case Number:</b>	CM15-0045402		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Emergency 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 66 year old female, who sustained a work/industrial injury on 5/1/08. She has reported initial symptoms of bilateral knee pain. The injured worker was diagnosed as having left knee sprain/strain, fabella, slight medial compartment joint space narrowing and right knee sprain/strain, fabella, slight medial compartment joint space narrowing, irregularity of the patella, slight lateral tilt of the patella, sclerosis of the lateral subchondral bone of the patella. Treatments to date included medication, diagnostics and surgery (left knee 2010 with physical therapy). X-ray's were performed on 1/13/15. Currently, the injured worker complains of constant moderate to occasionally severe pain in the left knee with episodes of swelling, giving way and locking, and stiffness. The right knee intermittent moderate pain at the lateral aspect with occasional radiation to the calf, pins and needle sensation over the entire knee. The treating physician's report (PR-2) from 1/13/15 indicated reduced flexion in both knees, positive McMurray's test bilaterally, and straight leg raise (SLR) demonstrated quadriceps weakness on the left. Request for updated Magnetic Resonance Imaging (MRI) scans were made. Treatment plan included MRI (magnetic resonance imaging) of bilateral knees and Physical therapy to the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), bilateral knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Algorithms 13-1 and 13-3.

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

**Decision rationale:** As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for bilateral knee MRIs for chronic knee pains with no proper documentation of recent attempt at conservative care or any sudden change in pain or objective findings. Current presentation is acute exacerbation of chronic pain. X-rays were done and show chronic changes. MRI of bilateral knees is not medically necessary.

**Physical Therapy, bilateral knees, 2 times weekly for 4 weeks:** Overturned

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines recommend up to 10 sessions for diagnosis patient has. Physical exam documents quadriceps weakness and some atrophy. Patient's condition is exacerbation of chronic issue. Patient has been stable for at least a year. Documentation states that patient had prior physical therapy in 2010 with 30-40% improvement leading to several years of stability in pain and function. Additional physical therapy to deal with quadricep weakness and conservative management of knees are justified. Physical therapy of bilateral knees (8 total) is medically necessary.