

Case Number:	CM15-0048129		
Date Assigned:	03/20/2015	Date of Injury:	04/24/2014
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/13/2015

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: Physical Medicine & Rehabilitation, 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:

This 35 year old woman sustained an industrial injury on 4/24/2014. The mechanism of injury is not detailed. Diagnoses include right knee/ankle fibular fracture and left knee with moderate degenerative joint disease. Treatment has included oral medications and home exercise program. Physician notes dated 8/28/2014 show pain to the right ankle and left knee that is described as somewhat improved. Recommendations include continue home exercises, open MRI of the left knee, physical therapy, and follow up in four weeks. The progress report dated August 28, 2014 identify subjective complaints of right ankle and left knee pain with some improvement using home exercise. Physical examination findings reveal minimal tenderness around the ankle with no instability. The left knee has normal range of motion with positive McMurray's test causing medial joint pain and lateral joint pain. A review of imaging indicates that x-rays showed no fracture with moderate degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right ankle, three times weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS as a trial and, unfortunately, there is no provision for modification of the current request. As such, the current request for physical therapy is not medically necessary.

MRI of the 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 Page(s): 13-1, 13-3, and 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the documentation available for review, it appears the patient has moderate arthritis by x-ray. It is unclear why the requesting physician does not feel that this diagnosis would be sufficient to explain the patient's current symptoms. Additionally, it is unclear what conservative treatment has been directed towards the patient's knee. Finally, there is no joint laxity, instability, or other signs of internal derangement such as a click, catch, or locking with McMurray's testing (although it is acknowledged there is joint line pain with these maneuvers, which would be consistent with arthritis). Finally, it is unclear how an MRI would change the patient's current treatment plan. As such, the currently requested MRI is not medically necessary.