

<b>Case Number:</b>	CM15-0048268		
<b>Date Assigned:</b>	03/20/2015	<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>	03/13/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 an industrial injury on May 1, 2008. She reported being hit in the knees and thighs by a container, with immediate pain in both knees and thighs. The injured worker was diagnosed as having left knee sprain/strain, fabella, slight medial compartment joint space narrowing, status post arthroscopy in 2010, and right knee sprain/strain, 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. Treatment to date has included multiple cortisone injections for the knees, physical therapy, left knee surgery in 2010, and medication. Currently, the injured worker complains of bilateral knee pain, swelling, stiffness, and tightness on motion, with a tingling sensation around the ankle over the tibialis anterior muscle. The Primary Treating Physician's report dated January 13, 2015, noted the injured worker's current medications as Losartan, Aspirin, Celebrex, Vicodin, Flector patches, and Lidoderm patches. Physical examination of the bilateral knees was noted to show active straight leg raise testing demonstrated quadriceps weakness on the left, painful range of motion (ROM) bilaterally, positive McMurray's testing bilaterally, tenderness along the medial and lateral joint lines bilaterally with mild crepitus, and visible quadriceps atrophy on the left. Radiographs of the right knee obtained that day revealed fabella, slight medial compartment joint space narrowing, irregularity of the patella, slight lateral tilt of the patella, and sclerosis of the lateral subchondral bone of the patella. Radiographs of the left knee obtained that day revealed fabella with slight medial compartment joint space narrowing. The Physician requested an updated MRI scans of the bilateral knees to further evaluate for internal derangement and

meniscal tears, and request for authorization for physical therapy three times a week for four weeks for the bilateral knees with an emphasis on quadriceps strengthening exercises. The Physician requested authorization for an internal medicine evaluation and treatment for hypertension and acid reflux. The injured worker was dispensed a left knee brace for better support, and provided with Nalfon, Ultram ER, and Protonix.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral knee MRI:** 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): 343.

**Decision rationale:** According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However, it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of new pathology that could be identified with MRI. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI Bilateral Knees is not Medically Necessary.

**Physical therapy for the bilateral knees, twice weekly for four weeks:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is “Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006)

Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007).” There is no documentation of the efficacy and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, the request for Physical therapy for the bilateral knees, twice weekly for four weeks is not medically necessary.