MAXIMUS Federal Services

Case Number:	CM15-0054363		
Date Assigned:	03/27/2015	Date of Injury:	02/08/2014
Decision Date:	06/03/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts
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:

The injured worker is a(n) 21 year old male, who sustained an industrial injury on 2/8/14. He reported pain in the right thigh and knee related to a crush injury. The injured worker was diagnosed as having crush injury to right thigh, history of right thigh hematoma and right hip and knee sprain. Treatment to date has included acupuncture, physical therapy and pain medications. As of the PR2 dated 2/16/15, the injured worker reports 8/10 right thigh pain that is throbbing and frequent. The treating physician requested an MRI of the right knee, an MRI of the right thigh and physical therapy 3 x weekly for 4 weeks to the right thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for right knee and thigh pain after a crush injury. Treatments have included physical therapy including a home exercise program and with an overall 50% improve by January 2015. The claimant has already had an MRI scan.Applicable indications for obtaining an MRI include significant acute trauma to or when initial anteroposterior and lateral radiographs are nondiagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and the claimant has already had an MRI scan. A repeat MRI is not medically necessary.

Physical therapy three times a week for 4 weeks for the right thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for right knee and thigh pain after a crush injury. Treatments have included physical therapy including a home exercise program and with an overall 50% improve by January 2015. The claimant has already had an MRI scan.In this case, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the requested treatment is not medically necessary.

MRI of the right thigh: 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for right knee and thigh pain after a crush injury. Treatments have included physical therapy including a home exercise program and with an overall 50% improve

by January 2015. The claimant has already had an MRI scan.Applicable indications for obtaining an MRI include significant acute trauma to or when initial anteroposterior and lateral radiographs are nondiagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and the claimant has already had an MRI scan. A repeat MRI is not medically necessary.