

Case Number:	CM15-0054710		
Date Assigned:	03/30/2015	Date of Injury:	10/31/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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: New Jersey
 Certification(s)/Specialty: Family Practice

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 10/31/2013. She reported injuries involving a bike training exercise, after striking a pole. The injured worker was diagnosed as having rule out internal derangement of the right knee, closed head trauma, partial rotator cuff tear of the left knee, and cervical sprain/strain. Treatment to date has included magnetic resonance imaging (neck, head, and left shoulder), x-rays of the right knee and left tibia and fibula, computerized tomography of the cervical spine, medications, acupuncture, and physical therapy (2-3 times per week for several months). Currently per the Qualified Medical Examination, the injured worker complains of daily intermittent aching in her neck, with pain shooting to her left arm, frequent headaches, daily intermittent aching in her left shoulder, with pain shooting down her arm, constant pain in the left knee, and intermittent pain in the right knee. Her right knee pain was documented as worse than her left knee pain. Ibuprofen provided temporary relief. Physical therapy progress notes were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without intra articular contrast for the left and right knees: 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): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was objective evidence of mild osteoarthritis via physical findings and imaging (x-ray). There was a request for bilateral knee MRIs. However, there was insufficient subjective complaints and physical findings to suggest there was any diagnosis of significance besides osteoarthritis or that would require surgical intervention. Therefore, the MRI of the left and right knee is not medically necessary.

Physical therapy x 12 for the cervical spine, both shoulders, and both knees: Upheld

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: Physical therapy in the form of passive therapy for the neck, shoulders, or knees is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was injured more than one year prior to this request for physical therapy. At this point, the worker should have had sufficient physical therapy to be able to effectively perform home exercises without supervision. Also, there was no indication that she required further supervision or instruction after many supervised physical therapy sessions already completed. If a refresher course in home exercises for her injuries was needed, then 1-3 supervision sessions of physical therapy should have been sufficient rather than the requested 12 sessions. Therefore, the 12 sessions of physical therapy for the cervical spine, both shoulders, and both knees is not medically necessary.