

Case Number:	CM15-0087930		
Date Assigned:	05/12/2015	Date of Injury:	07/01/2009
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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

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 48 year old male who sustained a work related injury July 1, 2009. Past history included closed comminuted intercondylar fracture, left distal femur, s/p open reduction and internal fixation with bone grafting November 2009, s/p arthroscopy of the left knee with chondroplasty of the medial femoral condyle and the patella, synovectomy with resection of a torn anterior cruciate ligament, hardware removal medial femoral condyle August 2011. A primary treating physician's progress report dated March 11, 2015, finds the injured worker presented with pain and tingling to the left knee. Treatment to date included; pain medication, surgery, cortisone injections, bracing, physical therapy and viscous supplementation injections with failure to improve. He ambulates with the assistance of a cane with a significant limp on the left. He wears a knee brace for ambulation but can ambulate without it with a cane. Diagnoses are secondary osteoarthritis with multidirectional instability left knee and degenerative joint disease. Treatment plan includes request for authorization for a Functional Capacity Evaluation, MRI left knee, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). FRP Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-139, FCE (functional capacity evaluation).

Decision rationale: The 48 year old patient presents with secondary osteoarthritis with multidirectional instability of the left knee, as per progress report dated 03/11/15. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA for the case is dated 03/17/15, and the patient's date of injury is 07/01/09. The patient has a history of comminuted intercondylar fracture of the left distal femur. The patient is status post open reduction and internal fixation with bone grafting of medial femoral condyle on 11/04/09, and status post arthroscopy of the left knee with chondroplasty of medial femoral condyle and the patella followed by a synovectomy with resection of a torn anterior cruciate ligament followed by hardware removal of the left medial femoral condyle and medial femur as dated on 08/24/11, as per progress report dated 03/11/15. The patient also has pain with tingling in the right knee, as per the same progress report. In progress report dated 10/29/14, the patient rated knee/femur pain at 8-9/10. The patient has been allowed to return to modified duty, as per progress report dated 10/24/14. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, a request for functional capacity evaluation is noted in progress report dated 03/11/15. The treater, however, does not discuss the purpose of this evaluation. The patient has been allowed to return to modified duty, as per progress report dated 10/24/14. Subsequent reports document work status as permanent and stationary. Additionally, the progress reports do not mention a request from the employer or claims administrator. Routine FCE's are not recommended as they do not necessarily predict a patient's ability to work. The request IS NOT medically necessary.

Physical therapy left knee x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The 48 year old patient presents with secondary osteoarthritis with multidirectional instability of the left knee, as per progress report dated 03/11/15. The request is for PHYSICAL THERAPY LEFT KNEE X 12. The RFA for the case is dated 03/17/15, and the patient's date of injury is 07/01/09. The patient has a history of comminuted intercondylar fracture of the left distal femur. The patient is status post open reduction and internal fixation

with bone grafting of medial femoral condyle on 11/04/09, and status post arthroscopy of the left knee with chondroplasty of medial femoral condyle and the patella followed by a synovectomy with resection of a torn anterior cruciate ligament followed by hardware removal of the left medial femoral condyle and medial femur as dated on 08/24/11, as per progress report dated 03/11/15. The patient also has pain with tingling in the right knee, as per the same progress report. In progress report dated 10/29/14, the patient rated knee/femur pain at 8-9/10. The patient has been allowed to return to modified duty, as per progress report dated 10/24/14. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the request for physical therapy is noted in progress report dated 03/11/15. The reports do not discuss prior therapy. However, given the patient's date of injury, it is reasonable to assume that the patient has attended some sessions in the past. The UR denial letter also states that the patient has had "exhaustive therapy in the past," but does not mention the number of sessions completed by the patient. MTUS allows for only 8-10 sessions in non-operative cases, and the reports lack documentation required to make determination. Hence, the request IS NOT medically necessary.

MRI of left knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, MRI Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter, MRI's.

Decision rationale: The 48 year old patient presents with secondary osteoarthritis with multidirectional instability of the left knee, as per progress report dated 03/11/15. The request is for MRI LEFT KNEE W/O CONTRAST. The RFA for the case is dated 03/17/15, and the patient's date of injury is 07/01/09. The patient has a history of comminuted intercondylar fracture of the left distal femur. The patient is status post open reduction and internal fixation with bone grafting of medial femoral condyle on 11/04/09, and status post arthroscopy of the left knee with chondroplasty of medial femoral condyle and the patella followed by a synovectomy with resection of a torn anterior cruciate ligament followed by hardware removal of the left medial femoral condyle and medial femur as dated on 08/24/11, as per progress report dated 03/11/15. The patient also has pain with tingling in the right knee, as per the same progress report. In progress report dated 10/29/14, the patient rated knee/femur pain at 8-9/10. The patient has been allowed to return to modified duty, as per progress report dated 10/24/14. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. ODG Guidelines chapter knee and leg and topic magnetic resonance imaging, recommend MRIs for acute trauma and

non-traumatic cases as well. In this case, a request for MRI of the left knee is noted in progress report dated 03/11/15. The progress reports do not discuss prior MRI of the knee following prior knee surgery from 2011. X-ray of the left knee, as per progress report 10/29/14, reveals significant narrowing of the medial and lateral joint space along with bone-on-bone at the lateral tibial plateau. Given the patient's persistent high level of symptoms, and no MRI following the last knee surgery, an MRI appears medically reasonable and supported by the guidelines. The request IS medically necessary.