

<b>Case Number:</b>	CM14-0116850		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old male who reported an injury on 05/21/2014 who sustained injuries to his right knee, reportedly when he was stocking boxes onto a pallet when he fell and struck his right knee, causing him to fall against a pallet. The injured worker's treatment history included medications, chiropractic treatment and X-rays of knees. The injured worker was evaluated on 05/22/2014 and it was documented the injured worker had undergone a right knee X-ray, which revealed the injured worker was clear to perform modified work, with recommendations for no excessive walking, and must use knee support and cane as needed. The injured worker was evaluated on 08/27/2014. It was documented the injured worker complained of right knee pain that was constant, throbbing, and stabbing pain. The provider noted there was weakness, tenderness, and tingling on the right knee. Pain was rated at 7/10 on the pain scale. Diagnoses included internal derangement of the knee and injury to the nerves in the lower leg. Request for Authorization dated 06/25/2014 was for X-ray for the right knee, MRI for the right knee, orthopedic evaluation, and chiropractic manipulative therapy, infrared, myofascial release, and electric muscle stim, 3 times a week for 2 weeks for a total of 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays 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, X-rays of knees

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma. Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (4 steps) or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hem arthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. X-rays of the right knee were initially taken on 05/22/2014, which revealed no abnormal findings. No rationale providing the medical necessity for repeat x-ray of the right knee. As such, the request for X-rays of the right knee is not medically necessary.

**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, MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma. Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (4 steps) or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the

possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The injured worker had x-rays initially taken on 05/22/2014, which revealed no abnormal findings. The provider failed to indicate any red flag diagnoses (such as a fracture, dislocation, chondral defects, as well as other forms of osseous pathology) indicating advanced imaging is medically necessary. As such, the request for MRI of the right knee is not medically necessary.

**Orthopedic Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6, page 163

**Decision rationale:** The request is not medically necessary. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The provider failed to submit documentation describing specifically what the chiropractic provider was looking for with the referral to an orthopedist. The injured worker was initially diagnosed with sprain/strain and had undergone physical therapy with no documentation of failed outcome measurements. However, the provider failed to submit documentation the medical necessity for a referral to an orthopedic specialist. As such, the request for Orthopedic Evaluation is not medically necessary.

**Chiropractic manipulative therapy, infrared, myofascial release and electric muscle stim 3 times a week for 2 weeks for a total of 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): Pages 58-60, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Tens Unit, Chronic Pain (Transcutaneous electrical nerve stimulat.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up 18 visits of chiropractic sessions manual therapy and manipulation is not recommended for the knee. Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines do not recommend electric muscle stim as a primary treatment modality, but a 1

month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration for the conditions described below. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The injured worker's injury involved the right knee. It was documented the injured worker already had completed a course of physical therapy with no documentation submitted of functional improvement. Moreover, the guidelines do not recommend chiropractic manipulation for the knee. As such, the request for Chiropractic manipulative therapy, infrared, myofascial release and electric muscle stim 3 times a week for 2 weeks for a total of 6 sessions is not medically necessary.