

Case Number:	CM14-0184771		
Date Assigned:	11/12/2014	Date of Injury:	01/31/2013
Decision Date:	12/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 38 years old female involved in a frontal impact motor vehicle accident on 1/31/2013. Her left knee struck the dashboard and she also injured her lower back. EMG and nerve conduction studies of 3/17/2014 were normal. An MRI scan of the left knee on 5/21/2013 was reported to show "No ligamentous injury or fracture. There is intra-substance degeneration of the body and posterior horn of the medial meniscus. No tears are noted". She underwent arthroscopy of the left knee on 4/16/2014. The operative report describes a small edge tear of the posterior horn of the medial meniscus and mild chondromalacia of the patellofemoral joint and medial compartment. Shaving of the articular surfaces, partial medial meniscectomy, and plica resection and synovectomy were carried out. A transcription error on page 3 of the operative report refers to ACL reconstruction. Post-operatively she did not receive physical therapy and developed weakness, stiffness, and instability in the knee. She used one crutch. A Panel Qualified Medical Evaluation of July 9 reported that the knee was worse, and there was valgus instability. Range of motion was 10-90 degrees. Her gait was antalgic. On July 16, 2014 she started Physical therapy. She reported difficulties with activities of daily living. Her ROM was 30-110. There was marked weakness present. Patellofemoral issues were documented. She attended 4 PT sessions from 7/16/2014 through 8/11/2014. The disputed issues pertain to a request for diagnostic ultrasound of the proximal tibia and additional physical therapy 2 x 6 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound of Left Knee of Proximal Tibia: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Ultrasound, Diagnostic

Decision rationale: California MTUS does not address this issue. ODG guidelines recommend MR for diagnosing meniscal or ligamentous injuries or chondral injuries. Ultrasound may be used to diagnose anterior cruciate ligament injuries in the presence of a hemarthrosis or for follow-up of ACL injuries. The documentation provided does not indicate an ACL injury although the operative report on page 3 includes reference to an allograft reconstruction. The MRI scan or the MR arthrograqm radiology reports were not included but the information in the notes was sufficient. The request for an ultrasound to evaluate trauma to the proximal tibia is not medically necessary per guidelines.

Physical Therapy 2x6, left knee: Overturned

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, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The worker underwent surgery on her left knee on 4/16/2014. The procedure included a partial medial meniscectomy and shaving of mild chondromalacia. She did not receive physical therapy until July 16, 2014. The Post-surgical treatment guidelines for a meniscectomy as noted on page 24 is 12 visits over 12 weeks with a physical medicine treatment period of 6 months. She received 4 treatments only. The post-surgical physical medicine period is over. However, physical medicine guidelines for chronic pain will apply. This will include active therapy allowing for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Based upon the degree of the muscle weakness and extensor lag reported the 12 sessions requested seem appropriate and will allow fading to a home exercise program. In light of the above, the requested physical therapy is medically necessary per guidelines. UR non-certified the request as she is outside the post-operative physical medicine treatment period.