

Case Number:	CM14-0090955		
Date Assigned:	07/25/2014	Date of Injury:	02/16/2014
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

According to available documents, this is a 50 year-old woman with the date of injury of February 16, 2014. The patient was injured when she fell and landed on both knees. The left knee improved while the right knee remained painful. There are also complaints of low back pain. There is a 5/6/14 appeal of the utilization review denial for the requested physical therapy and MRI of the right knee. This indicates patient is having severe right knee and low back pain. Back examination shows some tenderness, L 5-4 reflexes are 2+/2+ exam is 5/5. No radiculopathy. No mention of any sensory testing. Right knee has tenderness over the right patella and significant medial joint line pain with compression. Positive Bounce Home and Aplely's test. No laxity. Tenderness over MCL. Left knee exam was unremarkable. Diagnoses are right knee contusion, right knee meniscal tear, and lumbago without radiculopathy. Patient was TTD and follow-up was planned for one month. There is no mention of any current medications. The original requesting report, Orthopedic Consultation of 4/14/14 states the patient has been treated elsewhere for about 5 visits and had no treatment besides medication. Examination was essentially the same as the above mentioned report. There is a 3/5/14 report from the previous physician group that indicated physical therapy twice a week for 3 weeks for the lower back was being requested as was an orthopedic consultation for the right knee. The PT was also mentioned on the 2/28/14 report. A 2/17/14 report mentions radiology views to the right knee, but no reading, and that the patient was given Norco. There is also mention the patient was given ibuprofen. There are no records indicating the patient received the PT that had been ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-342.

Decision rationale: ACOEM Guidelines indicate that special studies are not needed until after a period of conservative care and observation; the patient's activity restrictions, and analgesics including nonsteroidal anti-inflammatory medication. There is no indication she had any physical therapy for the right knee. Although there are positive findings on exam, there are no significantly limiting mechanical symptoms documented. There are no red flags. Currently, she is not a surgical candidate. Thus, based upon the available evidence and the guidelines, MRI imaging studies of the knee are not considered to be medically necessary.

Physical Therapy 12 sessions, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Low Back, physical medicine treatment of the low back.

Decision rationale: For treatment of strains and sprains of the lower back, ACOEM Guidelines recommend 1-2 PT sessions for education, counseling and evaluation of home exercises for range of motion. ODG Guidelines state there is strong evidence that physical methods have the best long-term outcome in employees with low back pain, emphasize active treatment over passive, and allow for treatment frequency of up to 3 or more visits of PT leading to self-directed home PT. A starting 6 visit clinical trial is recommended. Although PT for this patient's lower back is supported by guidelines, 12 sessions is not supported for the initial trial. Based upon the evidence and the guidelines the request is not medically necessary.