

<b>Case Number:</b>	CM14-0097092		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 62-year-old male with a date of injury of 04/11/2012. The listed diagnoses per [REDACTED] are: 1. Left total knee replacement (2/13/13) 2. Internal derangement of right knee. 3. Lumbosacral pain/strain. According to progress report 05/21/2014, the patient presents with continued right knee pain. The left knee is better since he underwent total knee replacement. Now he is experiencing significant pain in his right knee as well. Examination of the left knee revealed large well healed incision over the left knee and arthroscopic scars remnants. Examination of the right knee revealed pain on palpation over the left patella and slight swelling noted. The patient was unable to squat fully due to bilateral knee pain. Range of motion of the knees revealed painful range of motion. Valgus and varus stress tests are positive on the right. Patella compression and McMurray's maneuver were also positive on the right. Treater would like an MRI of the right knee and physical therapy x8. Utilization review denied the request on 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI (Magnetic Resonance Imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines has the following regarding knee MRI:

**Decision rationale:** This patient presents with bilateral knee pain. The treater is requesting an MRI of the right knee. Utilization review denied the request stating, "There are no clear objective findings documented on exam. The reports also not clear regarding what specific functional limitation there are." ACOEM Guidelines states, "Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemartrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." Review of the medical file indicates the patient has not had an MRI of the right knee. In this case, when reading ODG guidelines, MRI is indicated when internal derangement is suspected. Given the patient's positive findings, and no evidence that an MRI was done for the right knee, the requested MRI is medically necessary.

**Physical Therapy (PT) Eight Sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This patient presents with bilateral knee pain. The treater is requesting physical therapy for the right knee. Utilization review denied the request stating, "Specific functional goals of PT are not addressed as they relate to the knee." For physical medicine, MTUS page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. Report 05/21/2014 recounts that the patient had "underwent some physical therapy to his left knee" back in 2012 and post surgery. There is no indication that the patient received PT for the right knee in the recent past. A course of 8 sessions to address patient's right knee complaints may be warranted and within MTUS guidelines. The request for Physical Therapy is medically necessary.