

Case Number:	CM14-0217922		
Date Assigned:	01/07/2015	Date of Injury:	12/18/2012
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 26-year-old male, with a reported date of injury of 12/01/2014. The result of the injury was left knee pain. The current diagnoses include knee pain, lateral meniscus tear, and status post left knee surgery. The past diagnosis was not included in the medical records provided for review. Treatments have included left knee surgery on 10/07/2013 and pain medications. Diagnostic evaluation reports were not included in the medical records provided for review. The progress report dated 11/11/2014 indicates that the injured worker had continued pain in his left knee. He also had right knee pain at times, as he adjusted the way that he walked. The pain could be increased with walking long distance. The objective findings included reduced left knee range of motion, and tenderness to palpation of the left knee joint line. The treating physician ordered an MRI of the left knee with contrast due to a large horizontal tear through the center of the body and anterior horn of the lateral meniscus and complex tear; and the aqua therapy before he had another left knee surgery. On 12/01/2014, Utilization Review (UR) denied the request for an MRI of the left knee with contrast, and provided modified approval for unknown aqua therapy to four (4) aqua therapy visits. The UR physician noted that there was a lack of objective findings to support the need for an MRI and that the injured worker had failed a course of physical therapy and an initial trial of aqua therapy should be attempted to assess a response to the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee with contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (s) 343, 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation knee chapter for MRI

Decision rationale: This is a 26 year-old male who injured his left knee on 12/18/12. The 11/11/14 family practice report states the patient underwent left knee surgery on 10/7/13. The 11/11/14 report states the knee pain persists, and is increased with walking long distances. On examination, the left knee is tender and possible has decreased motion, but the ROM was not measured. The diagnoses include knee pain; lateral meniscal tear in MRI, s/p surgery in left knee on 10/7/13. The plan was for a left knee MRI with contrast and pending authorization for aquatherapy. The 11/11/14 medical report suggests that aquatherapy was requested on a prior report, however, there are no other medical reports provided for this review. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Knee Complaints Ch. 13, Special Studies and Diagnostic and Treatment Considerations, pg 341-343 states: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. MTUS/ACOEM does not discuss repeat MRIs. ODG-TWC guidelines, knee chapter for MRI, Indications for imaging states: "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The patient had a lateral meniscus repair on 10/07/2013, there has been persistent pain for one year, and it interferes with the patient's walking distance. The patient is reported to continue with decreased knee motion. The request does appear to be in accordance with ODG guidelines. The request for MRI of the left knee with contrast IS medically necessary.

Aquatherapy with unknown duration: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: This is a 26 year-old male who injured his left knee on 12/18/12. The 11/11/14 family practice report states the patient underwent left knee surgery on 10/7/13. The 11/11/14 report states the knee pain persists, and is increased with walking long distances. On examination, the left knee is tender and possible has decreased motion, but the ROM was not measured. The diagnoses include knee pain; lateral meniscal tear in MRI, s/p surgery in left knee on 10/7/13. The plan was for a left knee MRI with contrast and pending authorization for aquatherapy. The 11/11/14 medical report suggests that aquatherapy was requested on a prior report, however, there are no other medical reports provided for this review. The patient is

outside the postsurgical physical medicine treatment timeframe, so the MTUS Chronic Pain Medical Treatment Guidelines apply. MTUS page 22 for Aquatic therapy states "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy and for recommendations on the number of supervised visits, see Physical medicine." MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request does not specify how many sessions of aquatherapy are requested. The guidelines allow for 8-10 sessions, however, without knowing the specific number of sessions requested, the request cannot be compared to the MTUS recommendations. It is not possible to verify that the request is in accordance with the MTUS guidelines. Based on the available information, the request for Aquatic therapy with unknown duration IS NOT medically necessary.