

Case Number:	CM15-0001685		
Date Assigned:	01/12/2015	Date of Injury:	02/15/2013
Decision Date:	03/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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 patient is a 38-year-old with an injury date of 02/15/13. Based on the single progress report dated 12/08/14 provided by treating physician, the patient complains of left knee pain and stiffness. Patient is status-post surgical partial medial meniscectomy, date unspecified, with resection of scar, femoral notch, tat pad, and manipulation. Physical examination to the left knee revealed a well-healed surgical scar, muscle athrophy of the left quadriceps, and tenderness at the medial and lateral joint line. Mild effusion and arthrofibrosis of the left knee were noted. Range of motion at extension was -15 degrees and flexion at 115 degrees. The patient reportedly continues to have slow improvement with dynamic splint and physical therapy. Patient is totally temporarily disabled. Diagnosis 12/08/14-Left knee, meniscal tear with arthrofibrosis The utilization review determination being challenged is dated 12/04/14. The rationale follows: 1) MRI LEFT KNEE: the rationale was not provided for the MRI request 2) PHYSICAL THERAPY 2 X 6 LEFT KNEE: the claimant has had at least 57 PT sessions There was only one treatment report provided dated 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left 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, Knee Chapter, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation chapter knee and leg (acute and chronic) and topic magnetic resonance imaging

Decision rationale: The patient presents with left knee pain and stiffness. The request is for MRI LEFT KNEE. Patient is status-post surgical partial medial meniscectomy, with resection of scar, femoral notch, tat pad, and manipulation. The patient has arthrofibrosis of the left knee as well. Physical examination to the left knee revealed a well-healed surgical scar, muscle athrophy of the left quadriceps, and tenderness at the medial and lateral joint line. There was also mild effusion present. Range of motion at extension was -15 degrees and flexion at 115 degrees. Patient is totally temporarily disabled.ACOEM Guidelines, pages 341 and 342, on MRIs of the knee, state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For repeat MRIs; post surgical if need to assess knee cartilage repair tissue routine use of MRI for followup of asymptomatic patients following knee arthroplasty is not recommended.ODG Guidelines chapter knee and leg (acute and chronic) and topic magnetic resonance imaging, 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.In this case, treater does not provide a rationale for the request. Review of the single report from 12/8/14 does not mention a prior MRI, particularly following the patient's knee surgery. There are no documentations of right knee radiograph results nor is there documentation or discussion relating to any subsequent injuries postoperatively. No X-ray postoperatively was provided either. Per the UR letter dated 12/04/14, the patient has had 57 PT sessions with no efficacy. The UR letter does not mention any recent MRI's. Given the patient's post-operative state with continued symptoms, an updated MRI does appear consistent with ODG guidelines. The request IS medically necessary.

Physical therapy 2x6 left knee: Upheld

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.

Decision rationale: The patient presents with left knee pain and stiffness. The request is for Physical Therapy 2 x 6 Left Knee. Patient is status-post surgical partial medial meniscectomy, with resection of scar, femoral notch, tat pad, and manipulation. The patient has arthrofibrosis of the left knee as well. Physical examination to the left knee revealed a well-healed surgical scar, muscle athrophy of the left quadriceps, and tenderness at the medial and lateral joint line. There

was also mild effusion present. Range of motion at extension was -15 degrees and flexion at 115 degrees. Patient is totally temporarily disabled. MTUS, pages 98-99, has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines, pages 98-99, states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." In this case, the patient continues to experience left knee pain and stiffness despite having had interventional surgery followed by at least 57 physical therapy sessions documented by the UR letter dated 12/04/14. Treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, the requested 12 sessions of therapy for knee issues would exceed number of therapy treatments recommended for tendinitis/myositis type of condition. The request IS NOT medically necessary.