

<b>Case Number:</b>	CM15-0013203		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Emergency Medicine

### 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 24 year old male, who sustained an industrial injury on 5/2/13. He has reported low back and right knee injuries after falling. The diagnoses have included right knee chondromalacia, right hip arthralgia, lumbar radiculopathy, disc herniations with severe stenosis. Treatment to date has included medications, diagnostics, conservative care, ice therapy, steroid epidural injections, physical therapy, 20 sessions of chiropractic for the back and 9 visits of acupuncture which were discontinued because of leg cramps. Currently, the injured worker complains of back and neck pain that radiates down right leg and right knee pain. The knee pain is rated 5/10. He had 6 previous sessions of physical therapy which relieved the pain and increased leg flexibility. The x-rays of right knee dated 11/26/14 revealed lateralization of the patella with evidence of osteophyte on the lateral edge. The exam revealed no swelling, deformity or effusion. There was also tenderness noted over the medial joint line. Magnetic Resonance Imaging (MRI) of right knee was requested to evaluate for possible meniscus tear. The back pain is rated 4/10 and described as aching and burning. The last epidural injection on 12/5/14 relieved the pain 100 percent for 2 days. He reports limited activity level due to pain and continues an exercise program. He is not taking any medication or using any topical cream at this time. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 1/9/14 revealed facet arthropathy, stenosis, and neural foraminal narrowing. On 1/12/15 Utilization Review non-certified a request for MRI of the right knee and Physical therapy, 2 times a week for 6 weeks for the right knee, noting that regarding MRI of the right knee guidelines document that special studies are not needed to evaluate most knee complaints until after a period of conservative care

and observation, previous treatments were not described. Regarding the Physical therapy, 2 times a week for 6 weeks for the right knee, the requested 12 sessions in addition to the previously rendered physical therapy exceeds the guideline recommendations for the injured workers condition (9 visits). The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Knee & Leg (Acute & Chronic), MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** The requested MRI of the right knee , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has back and neck pain that radiates down right leg and right knee pain. The exam revealed no swelling, deformity or effusion. There was also tenderness noted over the medial joint line. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement. The criteria noted above not having been met, MRI of the right knee is not medically necessary.

**Physical therapy, 2 times a week for 6 weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Knee & Leg (Acute & Chronic), Physical medicine

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Knee, Physical therapy

**Decision rationale:** The requested Physical therapy, 2 times a week for 6 weeks for the right knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and ODG, Knee, Physical therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The injured worker has back and neck pain that radiates down right leg and right knee pain. The exam revealed no swelling, deformity or effusion. There was also tenderness noted over the medial joint line. The treating physician has not documented objective evidence of derived functional improvement from

completed physical therapy sessions, which should have provided sufficient opportunity for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy, 2 times a week for 6 weeks for the right knee is not medically necessary.