

<b>Case Number:</b>	CM15-0013392		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 injured worker is a male patient, who sustained an industrial injury on 01/31/2011. A primary treating office visit dated 11/26/2014 reported subjective complaint of continued right knee pain and discomfort rating the pain a 5 out of 10 in intensity. The pain is accompanied by popping, locking and giving way. He also complained of low back pain. Objective findings showed lumbar with decreased range of motion noted by flexion at 40 degrees, extension at 15 degrees, and both left and right lateral bend at 15 degrees. There is tenderness to palpation of the lumbar paravertebral muscles. The right knee showed a positive McMurray's sign, tender joint lines and the range of motion 0-140 degrees. He is diagnosed with lumbar sprain/strain; right thigh and knee pain/dysfunction rule out intraarticular knee pathology and right knee meniscal tears. On 12/23/2014 Utilization Review non-certified a request for a magnetic resonance arthrogram, 18 physical therapy sessions and one range of motion test, noting the CA MTUS, Physical Therapy and Official Disability Guidelines knee arthrogram, range of motion testing were cited. The injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRA of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, MRI's (Magnetic Resonance Imaging)

**Decision rationale:** Based on the 11/26/14 progress report provided by treating physician, the patient presents with right knee pain rated 5/10. The request is for 1 MRA OF THE RIGHT KNEE. Patient's diagnosis per Request for Authorization form dated 11/26/14 includes right thigh and knee pain and dysfunction, likely hernia of the lateral quad muscle through the fascial layer, rule out intraarticular knee pathology, and right knee meniscal tears. The patient is permanent and stationary, however "has been working in a self-employed capacity as a painter," per QME report dated 04/10/14. Per treater report dated 11/26/14, the patient may return to modified work. ACOEM Guidelines states special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture. ODG guidelines may be more appropriate at addressing chronic knee condition. ODG guidelines, Knee & Leg Chapter under 'MRI's (Magnetic Resonance 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 guidelines also state that In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard. ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, it would appear that the patient has had both MRI's and MR arthrogram in the past as per QME report dated 04/10/14, MRI of the right knee, date unspecified revealed "subsequent osseous irregularities," and MRI arthrogram "did not show any particular significant meniscal abnormalities or ligamentous abnormalities." Review of the reports show another set of MRI of the right knee dated 11/11/14, where the radiologist concludes "globular increased signal intensity posterior horn of the medial meniscus most consistent with intrasubstance degeneration. Tear is not excluded. If clinically indicated, recommend MR arthrogram for further evaluation." Per progress report dated 11/26/14, treater states that based on QME report dated 04/10/14, examiner "is not recommending surgery with current findings and recommends an MRA of right knee to consider surgery depending on findings." Treater is requesting repeat MR Arthrogram to rule out intraarticular knee pathology, and right knee meniscal tears given the suspicion for meniscal tear on MRI. However, ODG guidelines allow for MR arthrogram for post-operative evaluation of re-tear or additional pathology. This patient is not post-operative and the patient already had two MRI's. The request IS NOT medically necessary.

**18 physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

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

**Decision rationale:** Based on the 11/26/14 progress report provided by treating physician, the patient presents with low back and right knee pain rated 5/10. The request is for 18 PHYSICAL THERAPY SESSIONS. Patient's diagnosis per Request for Authorization form dated 11/26/14 includes right thigh and knee pain and dysfunction, likely hernia of the lateral quad muscle through the fascial layer, rule out intraarticular knee pathology, and right knee meniscal tears. The patient is permanent and stationary, however "has been working in a self-employed capacity as a painter," per QME report dated 04/10/14. Per treater report dated 11/26/14, the patient may return to modified work. 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 are recommended." Treater has not provided reason for the request. Per progress report dated 11/26/14, treater states "patient is to continue physical therapy 2-3x for 6 weeks." Treatment history is not provided, nor documentation of how the patient is doing from prior treatments. Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12-18 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.

**1 range of motion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Flexibility;Flexion/extension imaging studies

**Decision rationale:** Based on the 11/26/14 progress report provided by treating physician, the patient presents with low back and right knee pain rated 5/10. The request is for RANGE OF MOTION. Patient's diagnosis per Request for Authorization form dated 11/26/14 includes right thigh and knee pain and dysfunction, likely hernia of the lateral quad muscle through the fascial layer, rule out intraarticular knee pathology, and right knee meniscal tears. The patient is permanent and stationary, however "has been working in a self-employed capacity as a painter," per QME report dated 04/10/14. Per treater report dated 11/26/14, the patient may return to modified work. The ACOEM and MTUS Guidelines do not specifically discuss range of motion or strength test. However ODG addresses ROM under Flexibility and Flexion/extension imaging studies. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Flexibility states: "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic)

Chapter under Flexion/extension imaging studies states: "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements." Treater has not provided reason for the request. Physical examination to the lumbar spine on 11/26/14 revealed tenderness to palpation to the paravertebral muscles; and decreased range of motion noted on flexion at 40 degrees, extension at 15 degrees, and both left and right lateral bending at 15 degrees. ODG Guidelines considers examination such as range of motion part of a routine musculoskeletal evaluation, and the treating physician does not explain why a range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. If treater's intent was for a specialized imaging study for range of motion, guidelines still would not provide support. The request is not recommended by ODG. Therefore, the request IS NOT medically necessary.