

<b>Case Number:</b>	CM15-0115423		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old female who sustained a work related injury November 10, 2014. While working as a police officer, she jumped over a six foot retaining wall and experienced right knee pain. The 3/19/15 progress note states that the pain from the knee radiates up and down to the right hip and right foot with occasional numbness and tingling. Treatment included physical therapy and Supartz injections. According to a primary treating physician's progress report, dated April 30, 2015, the injured worker presented with right knee pain, rated 5/10, which does increase to 9/10. There is tenderness to palpation of the right knee with crepitus. Some handwritten notes are difficult to decipher. Diagnoses are small Baker's cyst right knee and pes anserine bursitis right knee. At issue, is the request for authorization for an MRA of the right knee and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRA of the Right Knee with Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic), MR Arthrography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg- MR arthrography.

**Decision rationale:** MRA of the Right Knee with Contrast is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM Guidelines state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. The ODG states that MRA can be 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%.The documentation does not indicate that the patient meets the criteria for an MRA which the ODG recommends for post operative patients therefore this request is not medically necessary.

**12 sessions of Physical Therapy for the Right Knee:** 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:** 12 sessions of Physical Therapy for the right knee are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT without evidence of functional improvement. There are no extenuating factors which would necessitate 12 more supervised therapy visits (which exceeds guideline recommendations) therefore this request is not medically necessary.