

Case Number:	CM15-0118385		
Date Assigned:	08/05/2015	Date of Injury:	04/14/2014
Decision Date:	09/03/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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 46 year old male who sustained an industrial injury on 4-14-14. Diagnoses are unspecified disorder of joint of pelvic region and thigh, tear medial meniscus knee, joint pain-leg, and joint pain-pelvis. In a progress report dated 5-20-15, the treating physician notes he is two and a half months status post left hip arthroscopic surgery. The injured worker notes improvement, but is still having some pain and pinching sensation in the hip. He has completed 12 visits of physical therapy. He had surgery of the right knee and notes worsening pain. The left knee is also worse with increased pain and is potentially from compensation from his left hip surgery. He has pain to palpation at the medial joint lines of both knees and significant discomfort with patellar grinding testing-worse on the left side. The impression is status post left hip arthroscopic surgery, status post right knee arthroscopic surgery and left knee pain. Work status is to remain off work. The requested treatment is additional physical therapy and an MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (number of visits not specified) QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: As per post-surgical treatment guidelines, patient may receive up to 24 PT sessions post operatively. Pt has received 12sessions with some noted benefit. UR had rejected prior request due to lack of number of visits. Noted request from provided medical records from provider shows a request for an additional 12 PT sessions. Additional sessions meet guideline requirements with documentation of benefit. Additional 12 PT sessions is medically necessary.

MRI of the Left knee QTY: 1.00: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for knee MRIs for chronic knee pains with no proper documentation of prior conservative care or any sudden change in pain or objective findings. There were no basic imaging reports provided for review. MRI of left knee is not medically necessary.