

Case Number:	CM15-0026732		
Date Assigned:	02/19/2015	Date of Injury:	05/01/2008
Decision Date:	04/02/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on May 1, 2008. Her diagnoses were not included in the provide documentation. The Utilization Review noted her diagnosis is sprain of unspecified site of knee and leg. She has been treated with pain medication, non-steroidal anti-inflammatory medication, and a left knee brace. On February 11, 2015, her treating physician reports intermittent, moderate to severe pain of bilateral knees. The right knee pain was most intense along the lateral aspect. Associated symptoms for the left knee include swelling, popping, clicking, locking, buckling, limited range of motion due to stiffness, and increased pain with walking on uneven surfaces and with squatting activities. Associated symptoms for the right knee include occasional pain with extending, pins and needles sensation over the entire knee, giving way, locking, swelling, popping, clicking, and difficulty walking on uneven surfaces and with squatting activities. The bilateral knee exam revealed decreased flexion, more on the left than the right. The extension was full, and there is pain at terminal range and negative anterior and posterior drawer testing. The McMurray's, Apley's distraction, and Patellar grind tests were positive. There is tenderness to palpation along the medial joint line. The treatment plan includes an MRI of bilateral knees and for bilateral knees. On February 12, 2015, the injured worker submitted an application for IMR for review of a request for an MRI of bilateral knees and 8 visits (2 x 4) of physical therapy for bilateral knees. The MRI was non-certified based on lack of documentation on the physical exam of locking, catching, or objective evidence of ligament injury. The physical therapy was non-certified based on lack of documentation of functional improvement from prior physical therapy. The California Medical

Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee MRI (magnetic resonance imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The IW had a reported DOI of 1May08. The report suggested at a visit 11Feb2015 that the member experienced swelling, clicking, locking, buckling, limited ROM due to stiffness and increased pain when walking on irregular surfaces and squatting with both knees. If these findings were confirmed then the MRI would be recommended as there is no question of its utility in safely delineating most of the common knee concern. However the physical exam failed to confirm findings of locking, catching or ligamentous laxity. Based on the physical exam the need for an MRI cannot be justified. The UR Non-Cert is supported.

Physical therapy 2x4 for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, 339, Chronic Pain Treatment Guidelines Part 2 Page(s): 98, 99.

Decision rationale: The primary recommendation for interventions for knee pain and disability focuses on the use of home based therapy. Sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems as an alternative to surgery or for postoperative rehabilitation. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The benefits of prior PT trials in functional improvement do not appear to have been documented. Of note, the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares of pain a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. The request for 8 episodes of PT in these circumstances cannot be justified. Therefore the UR modification is supported.

