

Case Number:	CM15-0099791		
Date Assigned:	06/02/2015	Date of Injury:	03/24/2015
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old female, who sustained an industrial injury on 3/24/15. She reported left knee pain. The injured worker was diagnosed as having left patellofemoral contusion rule out internal derangement. Treatment to date has included the use of a knee sleeve, the use of crutches, physical therapy, and medication. A physician's report dated 4/20/15 noted tenderness to palpation of the left patellar tendon and pain with resistive extension, squatting, kneeling, and stairs. Currently, the injured worker complains of lower extremity pain. The treating physician requested authorization for a MRI of the lower extremities without dye, a knee brace/support, and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lower extremities without dye: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury on 03/24/15 and continues to be treated for a left knee contusion. Treatments have included two sessions of physical therapy and medications. When seen, she was having constant left knee pain. She was avoiding weight-bearing activities. She was using a knee immobilizer and crutches. Her injury had occurred more than one month before. Physical examination findings included decreased left knee range of motion. There was patellar facet tenderness. She had positive patellar compression and patellar apprehension testing. There was mild swelling. An x-ray of the knee was obtained and was negative. An MRI scan of the knee is sensitive and specific for detecting meniscal tears or ligament injury. Criteria for obtaining an MRI include trauma with suspected ligament or meniscal injury. In this case, the claimant has a history of trauma and has not improved after conservative treatments. The physical examination however is negative for meniscal or ligament injury. The requested MRI was therefore not medically necessary.

Knee brace/support: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant sustained a work injury on 03/24/15 and continues to be treated for a left knee contusion. Treatments have included two sessions of physical therapy and medications. When seen, she was having constant left knee pain. She was avoiding weight-bearing activities. She was using a knee immobilizer and crutches. Her injury had occurred more than one month before. Physical examination findings included decreased left knee range of motion. There was patellar facet tenderness. She had positive patellar compression and patellar apprehension testing. There was mild swelling. An x-ray of the knee was obtained and was negative. A knee brace can be recommended when there is severe instability as demonstrated by physical examination or after a failed knee replacement. In this case, neither condition is present and therefore requesting a brace was not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Interferential current therapy (IFC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114-121 Page(s): 114-121.

Decision rationale: The claimant sustained a work injury on 03/24/15 and continues to be treated for a left knee contusion. Treatments have included two sessions of physical therapy and medications. When seen, she was having constant left knee pain. She was avoiding weight-bearing activities. She was using a knee immobilizer and crutches. Her injury had occurred more than one month before. Physical examination findings included decreased left knee range of motion. There was patellar facet tenderness. She had positive patellar compression and patellar apprehension testing. There was mild swelling. An x-ray of the knee was obtained and was negative. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. Providing a unit without an appropriate trial period of use is not medically necessary.