

Case Number:	CM17-0019120		
Date Assigned:	01/31/2017	Date of Injury:	11/09/2016
Decision Date:	02/24/2017	UR Denial Date:	01/25/2017
Priority:	Standard	Application Received:	01/30/2017

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: New Jersey

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 24 year old male who sustained an industrial injury on 11-9-2016. He is being treated for neck muscle strain, left index finger sprain, lumbar muscle sprain, right knee contusion, current right knee medial meniscus tear, and vertebral unspecified type fracture nondisplaced. Medical records dated 11-18-2016 noted neck pain rated 6 out of 10, left index finger rated 4 out of 10, low back rated 9 out of 10, and right knee pain rated 9 out of 10. Exam noted tenderness to the cervical spine and left trapezius and left scapula. There was tenderness to the low back. There was crepitus and effusion to the right knee. There was medial joint line tenderness. Treatment has included at least 3 sessions of physical therapy. Utilization review form dated 1-25-2017 non-certified six physical therapy sessions two times a week for three weeks for the neck, left trapezius and low back and MRI of the right knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy sessions two times a week for three weeks for the neck, left trapezius and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: Physical therapy in the form of passive therapy is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 10 supervised physical therapy visits over 8 weeks for myalgia and myositis or over 4 weeks for neuralgia, neuritis, or radiculitis pain. Reflex sympathetic dystrophy (CRPS) warrants up to 26 visits over 16 weeks. Arthritis warrants 9 visits over 8 weeks, except when following injection treatment when up to 2 visits over 1 week is allowed. The goal expectation of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home, in order to maintain improvement levels. In the case of this worker, there was report of having been approved and presumably completed at least 6 physical therapy sessions for the neck and back with some benefit. However, an additional 6 supervised sessions of physical therapy would surpass the upper limit recommended by MTUS Guidelines, which would allow only up to an additional 3-4 sessions. Therefore, this request for six physical therapy sessions two times a week for three weeks for the neck, left trapezius and low back is not medically necessary.

MRI of the right knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, physical therapy, medication, and other conservative measures have failed and the worker has persistent right knee pain and dysfunction as well as a positive McMurray's test and medial joint tenderness, suggesting possible internal derangement (meniscal injury, etc.), which warrants further evaluation with MRI. Therefore, this request for right knee MRI is medically necessary.