

Case Number:	CM17-0008633		
Date Assigned:	01/18/2017	Date of Injury:	10/13/2016
Decision Date:	02/15/2017	UR Denial Date:	12/28/2016
Priority:	Standard	Application Received:	01/12/2017

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: California, Missouri, Mississippi
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a now 39-year-old female with history of an occupational claim from 10/13/2016. The mechanism of injury is detailed as a fall. The current diagnosis is documented as unspecified internal derangement of the right knee. Previous treatments included a Controlled Ankle Movement Boot and knee immobilizer. On 12/02/2016, the patient complained of pain in her right knee and leg. She reported that x-rays and an MRI were obtained during the hospital stay post injury. The physical exam showed an antalgic gait with a limp on the right side, painful heel to toe walking, and painful squatting. There was tenderness present at L4 and L5 on the right side, positive straight leg raise with pain on the right, and positive Trendelenburg test on the right. She had decreased strength in the hip, knee, and foot right side. Her current medications included Norco. The treatment plan included nonsteroidal anti-inflammatory drugs, cortisone injection, physical therapy, request for an MRI and x-ray, and continuation with medication therapy. The request for authorization was signed on 12/21/2016. The previous denial for the request below was on 12/28/2016. The request for an MRI and x-ray of the right knee were denied because there was lack of red flag symptoms that would warrant repeat imaging. Physical therapy was modified to allow for a 6 session trial in accordance with the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI.

Decision rationale: The ACOEM Guidelines indicate that special studies are usually not needed until after a period of conservative care. In addition the Official Disability Guidelines indicate that repeat MRI's are reserved for post-surgical patients to assess knee cartilage repair tissue. According to the documentation provided, the patient had a prior MRI. There was lack of evidence the patient was having red flag symptoms that indicated a repeat study was necessary. In addition, there was lack of evidence that indicated the patient had significant conservative care treatment such as physical therapy and anti-inflammatory medications. Therefore, the request would not be supported by the guidelines, as such the request is not necessary.

X-ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

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

Decision rationale: The ACOEM Guidelines indicate that special studies are usually not needed until after a period of conservative care. In patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. According to the documentation provided, the patient had prior X-rays. There was lack of evidence that showed the patient was having red flag symptoms that indicated a repeat study was necessary. In addition, there was lack of evidence that indicated the patient had significant conservative care treatment such as physical therapy and anti-inflammatory medications. Therefore, the request would not be supported by the guidelines, as such the request is not necessary.

Physical therapy right knee 3 times a week for 3 weeks was the original request. Physical therapy right knee 3 times a week for 2 weeks was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Physical therapy right knee 3 times a week for 1 week is: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical medicine treatment.

Decision rationale: The ACOEM Guidelines indicate exercises including active range of motion are advised. The Official Disability Guidelines (ODG), state that physical therapy is recommended. However, if there is no improvement after 2-3 weeks, the therapy should be modified or re-evaluated. The recommended sessions for the patients diagnosis is 9 visits over 8 weeks. According to the documentation provided the patient has been approved for 6 sessions of physical therapy. There is lack of documentation regarding the patient's response to therapy, to warrant additional sessions at this time. Therefore, the request would not be supported guidelines. As such, the request is not medically necessary.