

Case Number:	CM13-0005861		
Date Assigned:	12/27/2013	Date of Injury:	03/14/2013
Decision Date:	03/07/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 23 year old male with a date of injury on 03/14/2013. He was going down stairs and tripped but did not fall. He sustained an injury to both knees and was diagnosed with a knee sprain. MRI of the left knee on 03/16/2013 revealed patella tendonitis with type II signal changes of the medial meniscus. A repeat left knee MRI on 06/26/2013 revealed mild proximal patella tendonitis. On 06/26/2013 the MRI of the right knee also had mild proximal patella tendonitis. On 09/25/2013, after 6 physical therapy visits, the patient did not think that physical therapy was of any help. He continued to have knee pain while working out and while working full time. The patient's subjective examination did not match his objective measures as there is no consistency with limited passive range of motion without significant swelling of the knee, his constant pain and lack of positional tolerance. He had an increase in pain and walking has gotten worse. Maximum sitting is 30 minutes. Maximum standing is 30 minutes. Left knee pain was 7/10. He preferred to have surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral knees (2 times per week for 6 weeks): 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): 338-341, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Chondromalacia, knee tendonitis

Decision rationale: The request is for 12 physical therapy visits for the knees. The injury occurred almost a year ago. For knee injuries the guidelines suggest a few physical therapy visits for education in a home exercise program. There is no documentation that the patient has functional limitation that would preclude a home exercise program and there is no documentation that continued formal physical therapy at this point in time is superior to a home exercise program. The guidelines for chronic pain suggest 9 or 10 physical therapy visits provided there is documentation that physical therapy is improving the patient's ability to do activities of daily living. In this case, there has been no documentation that the patient's physical therapy was effective thus far as he continued to have 7/10 knee pain. Therefore, the requested physical therapy is not medically necessary or appropriate at this time.