

Case Number:	CM13-0042726		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2012
Decision Date:	02/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine & Rehabilitation, and has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 27-year-old female who reported an injury on 08/25/2012. The patient is diagnosed with derangement of meniscus of the left knee and difficulty ambulating. The patient was seen by [REDACTED] on 09/16/2013. The patient reported 8/10 knee pain. Physical examination revealed tenderness at the left knee, moderate tenderness at the medial peripatellar and lateral peripatellar on the left, negative stress testing, negative McMurray's testing, and slightly decreased knee flexion in bilateral knees. Treatment recommendations included gait training twice per week for 3 weeks with myofascial release and soft tissue therapy as well as joint mobilization and therapeutic exercise. The provider also recommended a heat unit for treatment of sequelae arising out of the patient's industrial injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gait training 2 x 3, Myofascial release/soft tissue therapy 2 x 3, Joint mobilization 2 x 3, and therapeutic exercise 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 58, 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the knee is not recommended. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation with slightly decreased range of motion of bilateral knees. There is no evidence of a significant musculoskeletal or neurological deficit that would require skilled physical medicine treatment. Documentation of the patient's previous course of treatment was not provided for review. Therefore, the current request cannot be determined as medically appropriate. As such, the request for Gait training 2 x 3, Myofascial release/soft tissue therapy 2 x 3, Joint mobilization 2 x 3, and therapeutic exercise 2 x 3 is non-certified.

Heat unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Cold/Heat Packs.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute knee symptoms. The Official Disability Guidelines state cold and heat packs are recommended for range of motion, function, and knee strength. Hot packs had no beneficial effect on edema compared with placebo or cold applications. There is no documentation of a significant musculoskeletal deficit upon physical examination. There is also no evidence of a failure to respond to a trial of traditional hot pack therapy. The medical necessity for a heat unit has not been established. As such, the request for Heat unit is non-certified.