

Case Number:	CM13-0043154		
Date Assigned:	07/02/2014	Date of Injury:	07/11/2011
Decision Date:	08/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 injured worker is a 48 year-old male who was reportedly injured on 7/11/2011. The mechanism of injury is noted as a twisting injury. The most recent progress note dated 8/20/2013 indicates that there are ongoing complaints of left knee pain and stiffness. The physical examination demonstrated left knee: mild swelling, medial joint line tenderness. Range of motion 0-115. No recent diagnostic studies are available for review, however there is mention of left knee x-rays and MRI which reveal medial compartment arthritis. Official radiological report unavailable for review. Previous treatment includes left knee arthroscopy, physical therapy, injections, knee brace, and medications. A request was made for an extension of physical therapy to the left knee and was not approved in the pre-authorization process on 10/7/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT PT LT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation KNEE & LEG Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339.

Decision rationale: CA MTUS guidelines state sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems as an alternative to surgery or for postoperative rehabilitation. Properly conducted, these programs minimize the active participation of the therapist and direct the patient to take an active role in the program by simply using the equipment after instruction and then graduating to a home program. After review of the medical records provided it is noted that the patient has completed postop physical therapy from left knee arthroscopy September 2011. The most recent note from orthopedist discusses findings on physical exam such as mild swelling and medial joint line tenderness. However there is no objective clinical documentation such as muscle weakness, significant atrophy or gait issues requiring continued physical therapy for the injured worker who has completed postop therapy. At this time, there is not documentation sufficient to support additional physical therapy, therefore this request is deemed not medically necessary.