

Case Number:	CM13-0055986		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2011
Decision Date:	03/31/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation, and is licensed to practice in 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:

This is a 56-year-old female patient who reported an injury on 10/18/2011 in which she injured her left knee. On the comprehensive orthopedic evaluation dated 08/05/2013, the patient had undergone a sciatica and low back pain program and it was reported the patient had re-injured the knee during physical therapy on extension. There was an onset of significant pain followed by swelling and crepitus. The patient does have a previous history of meniscal surgery several years prior and it was reported the patient had recently had a MRI 07/07/2013 because of ongoing symptoms. It was also reported she had had x-rays with 3 views of the left knee and 2 views of the right knee. On the weight bearing views, the joint spaces were fairly well maintained and no significant joint space narrowing noted in the right knee. On the lateral view, no calcium deposits viewed. The MRI revealed the possibility of recurrent tear of the posterior horn of the medial meniscus and a partial thickness sprain of the Anterior Cruciate Ligament (ACL) and some excoriation and free edge tear of the lateral meniscus posteriorly. The impression was patellofemoral parapatellar pain syndrome post-traumatic with possible recurrent tear of medial meniscus left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 TO LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Intergrated Treatment/Disability Duration Guidelines, Knee & Leg: Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Guidelines state physical therapy is recommended for patients with functional limitations. In the physical therapy daily noted dated 11/01/2013, the patient was evaluated for left knee pain with self-reported lack of terminal knee extension and a feeling of "pressure" at the medial joint line. Also, the patient reported a feeling of "unsteadiness" after their last visit. On objective examination, flexibility to the left knee there was severe restriction as well as the right. The patient demonstrated lack of left knee extension and increased self-selected ambulation speed. Under joint integrity and mobility, the left knee was hypermobile, right was normal. There was observed swelling and generalized joint effusion. Overall assessment indicated the patient was showing progress demonstrated by ability to tolerate aerobic activities in each session, and did not show an increase in symptoms. The daily note also indicated that the patient has had 12 total visits of physical therapy to date. However, the patient reported a re-injury in therapy. The patient would benefit from additional physical therapy given the re-injury and current functional deficits after initial success. As such, the request for physical therapy 2x6 to left knee is certified.