

Case Number:	CM13-0062238		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2008
Decision Date:	03/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/27/2013

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 California. 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 43 year old male who sustained a work-related injury on 10/28/08. The mechanism of injury was that the patient twisted his right knee. He eventually required surgery. The diagnosis was a sprain of the cruciate ligament of the knee. On 6/12/09, the patient had torn ligaments in the left ankle. The patient has received pain management and physical therapy. An MRI of the right knee on 11/23/12 revealed bone irregularity and soft tissue scarring at the distal patellar tendon, reflecting ongoing stress change, and findings of remote Osgood-Schlatter. There was no significant bone edema. There was cruciate ligament scarring, and healing of old posterior cruciate ligament sprain was noted. Similar findings of the medial collateral ligament with thickened origin were noted. There was no discrete meniscus tear. On 8/24/12, an x-ray of the right knee noted chronic deformity at the tibial tuberosity compatible with old trauma, minimal patellar spurring, and no fracture or significant effusion. Past treatment to date has included physical therapy, right knee arthroscopy, Supartz injections on 5/9/13, 5/16/13, and 5/23/13, activity modification, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy twice a week for six weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines state that active therapy is beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. On 5/9/13, the patient presented with right knee pain. On physical examination, there was full range of motion in the lower extremities, no patellar laxity or apprehension, and tenderness to the medial femoral condyle with pain and crepitus on patellar movement. There was no lateral or posterior pain. The clinical documentation provided indicated that the patient has had past physical therapy, but did not indicate the total number of visits completed to date and no indication for any significant functional and neurological deficits. The requested number of physical therapy visits also would exceed the total number recommended by guidelines. As such, the request is non-certified.