

Case Number:	CM13-0062584		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2011
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Practice, 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 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 patient is a 34-year-old female who reported an injury on 07/06/2011. The mechanism of injury was noted to be that the patient got up rapidly from her chair with wheels and immediately felt something "weird" in her left knee. The patient is diagnosed with knee pain. A new injury on 09/17/2013 to the left knee was noted to have occurred when the patient was trying to move a 321 pound patient in bed without a slip sheet. The patient has left knee pain of 6/10. Inspection of the knee joint reveals quadriceps atrophy. The patient's range of motion is restricted with flexion limited to 95 degrees with normal extension. Tenderness to palpation is noted over the lateral joint line, medial joint line, and pes anserine. There was noted to be moderate effusion in the left knee joint. It is noted the patient is able to move all extremities well and has strength of 5/5 of all muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LEFT KNEE X6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, 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. Physical therapy for the treatment of myalgia and myositis is recommended at 9 to 10 visits over 8 weeks. The most recent clinical note provided indicated the patient had left knee pain rated 6/10. The patient had restricted range of motion with flexion limited to 95 degrees and quadriceps atrophy. The patient's treatment plan was noted to include physical therapy for the left knee. Due to the documented functional deficits, the request for 6 sessions of physical therapy of the left knee is medically necessary and appropriate.