

Case Number:	CM13-0066165		
Date Assigned:	01/08/2014	Date of Injury:	09/15/2012
Decision Date:	05/22/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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 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 47 year old female with a reported date of injury on 09/15/2012; the mechanism of injury was not provided within the medical records. The clinical note dated 12/11/2013 revealed subjective findings which included a pain level of 3-4/10. Objective findings included no signs of swelling, ecchymosis, deformity, atrophy, or creptus to left knee with normal range of motion. Strength to the left knee was rated 4/5, valgus and varus were negative, patellar apprehension test was negative, McMurray's was negative, anterior drawer was negative, and the injured worker had normal patellar reflexes. The clinical note indicated the injured worker received two corticosteroid injections which made the injured worker "feel slightly better." Diagnoses included left knee sprain and chronic left knee pain. The request for physical therapy 2x week for 3 weeks for chronic left knee pain was submitted on 12/16/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 8 VISITS LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, <https://www.acoempracguides.org/knee>; Table 2, Summary of Recommendations, Knee Disorders ch.13. 337-338.

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

Decision rationale: The injured worker had complaints of 3-4 out of 10 pain in the left knee but examination found that the injured worker had a full range of motion and no signs of instability, laxity or atropy to lower extremity, and strength measured at 4 out of 5. The documentation provided does reference that the injured worker received two cortiosteriod injection to the knee with relief. The MTUS Chronic Pain Guidelines recommends up to 10 visits of physical therapy for the restoration of flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The documentation provided noted the injured worker had full range of motion, no evidence of instability, and no significant loss of strength to the left knee. Based on these findings the injured worker did not appear to have significant functional deficits for which physical therapy would be indicated. Additionally, the recommended initial trial of physical therapy is 5 sessions. The request for 8 sessions exceeds the MTUS Chronic Pain Guidelines' recommended initial 5 sessions of physical therapy. As such the request for physicial therapy is not medically necessary and appropriate.