

Case Number:	CM13-0066924		
Date Assigned:	01/03/2014	Date of Injury:	06/01/2013
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
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 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 52-year-old female who reported an injury on 06/01/2013. The mechanism of injury was a fall. The patient subsequently sustained injuries to her right knee and lumbar spine, and received an initial 6 sessions of physical therapy for the right knee, which was beneficial. While treating the right knee, the patient developed left knee pain, reportedly from compensation of the right knee injury. The patient received an MRI of the right knee on 08/09/2013 that revealed a popliteal cyst, small joint effusion, and chondromalacia of the patella. X-rays of the right and left knees on 09/30/2013 revealed mild medial joint space narrowing. On 08/29/2013, the patient was prescribed an additional 18 sessions of physical therapy; however, it is unknown if these were ever performed. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT KNEE: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Recommendations for an unspecified myalgia or myositis include 10 visits, after an initial trial of 6 visits, have proven effective. The clinical information submitted for review provided evidence of the patient's initial 6 treatments of physical therapy; however, there were no objective measurements of the patient's initial functional abilities nor were there measurements on completion. Furthermore, the patient therapy notes included for review provided repeated evidence that the patient was noncompliant and unwilling to perform physical therapy activities; not allowing the therapist to perform passive range of motion exercises, refusing to perform any additional exercises than those currently/initially listed, and putting forth minimal effort during exercise therapies. In addition, the most recent clinical note dated 12/02/2013 revealed that the patient's range of motion for the bilateral knees was within normal limits. Bilateral knee flexion was 130 degrees and provocative orthopedic tests were negative on the left, except for the patella compression test; and negative on the right, except for the medial joint line tenderness, McMurray's sign, and patellar compression test. Therefore, due to the patient's unwillingness to fully participate in prior physical therapy and no evidence of significant remaining deficits, additional therapy is not indicated at this time. As such, the request for additional physical therapy 2 times a week for 4 weeks for the right knee is non-certified.