

Case Number:	CM14-0007619		
Date Assigned:	04/30/2014	Date of Injury:	11/22/2011
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 patient is a 53 year old male who was injured on 11/26/2011 while working as a welder. In 2010, he lifted a heavy pipe and felt a severe pain in his back. On 11/28/2011, the doctor took him off work because he could not lift over 25 pounds. The patient underwent left knee arthroscopy on 09/07/2013. He has had therapy for the knee and also some treatment for his neck, back, and shoulder from a chiropractor. He is taking Tramadol 3 times a week and uses creams. The progress note dated 02/12/2014 states the patient walks with a slight limp, an antalgic gait on the left and uses a cane in the right hand. He has pain in his left knee and has difficulty walking and flexing the knee. On exam, he can walk on his heels and toes without difficulty, with the exception that there is some discomfort in the knee. Examination of the right knee reveals a full range of motion and no tenderness. The left knee has motion from 0 to 105 degrees of flexion. There is some subpatellar crepitus. There is tenderness at the medial and lateral patellar area and the prepatellar area as well. There is some generalized thickening about the whole knee. There is no laxity of the lateral collateral ligament or of the medial collateral ligament. There is no specific joint effusion. Drawer signs are negative; Pivot shift test is negative. Muscle strength is 5/5 bilaterally. Sensory testing reveals equal sensation in the right and left legs. Diagnoses are history of football injury, left knee; two injuries at work involving the left knee, details unknown; degenerative arthritis of the left knee; and status post arthroscopic surgery left knee. On re-evaluation note dated 01/21/2014, the patient has received 19 physical therapy sessions to date since last exam on 11/17/2013. The progress report dated 12/13/2013 (10 sessions counted per records) indicates the patient reports having improved left knee flexibility and strength since beginning physical therapy. The patient reports he no longer requires crutches for ambulation. The patient reports he still has major difficulty with squatting and he is still unable to kneel. Objective findings on exam revealed range of motion dated

11/17/2013 exhibits left knee flexion to 73 degrees and left knee extension to -20 degrees; MMT: left knee flexion is 3-/5 and left knee extension is 3-/5. Range of motion dated 12/13/2013 exhibits left knee flexion to 115 degrees and left knee extension to -3 degrees; MMT: left knee flexion is 5-/5 and left knee extension is 4+/5. It is recommended that the patient continue physical therapy with greater emphasis on strengthening and proprioception training.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The post surgical treatment guidelines states the number of visits post operatively cannot exceed 24 visits over 16 weeks. The patient is documented as starting physical therapy on 11/07/2013 and as of the 12/13/2013 progress report the patient had been attending therapy for a total of 5 weeks. The total number of sessions counted in the provided records was 10 sessions. The request for an additional 12 sessions falls within the allotted treatment criteria. In addition, the patient showed improvement from the initial assessment in ROM, MMT, walking, standing and squatting. The medical necessity for additional therapy has been established.