

Case Number:	CM14-0105867		
Date Assigned:	07/30/2014	Date of Injury:	05/21/2013
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old female with a work injury dated 5/21/13. The diagnoses include sprain and strain of left knee, per MRI dated 01/29/2014. Under consideration is a request for 12 Physical Therapy Sessions for the Left Knee. There is a primary treating physician (PR-2) document dated 3/18/14 that states that the patient complains of burning left knee pain and muscle spasms. The patient rates the pain as 6/10, on a pain analog scale. Her pain is described as constant, moderate to severe. The pain is aggravated with squatting, kneeling, ascending or descending stairs, prolonged positioning including weight bearing, standing, and walking. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. The pain is also alleviated by activity restrictions. On examination the patient is able to perform heel and toe walk, however, with pain at the left knee. The patient is able to squat to approximately 40% of normal due to the pain. There is tenderness to palpation over the medial and lateral joint line. There is no anterior or posterior cruciate ligament instability. No medial or lateral collateral ligament instability. Left knee flexion is 130 degrees and extension is 0 degrees. McMurray's is negative on the left. There is intact sensation to pin-prick and light touch at the L4, L5 and S1, dermatomes bilaterally. Motor strength is decreased in the left lower extremity secondary to pain. The deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. Vascular pulses are 2+ and symmetrical in the bilateral lower extremities. The treatment plan includes that the patient is to follow up with an orthopedic surgeon for the left knee. She should continue with physical therapy and acupuncture for the left knee 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg, Physical Medicine Treatment.

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

Decision rationale: Twelve (12) Physical Therapy sessions for the Left Knee are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that up to 10 visits are recommended for this condition. The request for 12 visits exceeds this condition. Furthermore, the documentation indicates that that patient has had physical therapy for the knee already. The documentation is not clear on the amount of therapy and the outcome of this therapy. The request for twelve (12) physical therapy sessions for the left knee is not medically necessary.