

Case Number:	CM14-0106424		
Date Assigned:	09/16/2014	Date of Injury:	10/10/2013
Decision Date:	11/05/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 & 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 injured worker is a 53-year-old male who reported an injury on 10/10/2013. He reportedly missed a step and stumbled and hyperextended his left knee. On 05/01/2014, the injured worker presented with pain in the left knee. Upon examination, the active range of motion of the left knee values were 119 degrees of flexion, and extension was +1 degrees. There was intact sensation through the left lower extremity and a positive McMurray's. Prior therapy included physical therapy and medications. The provider recommended a MRI of the left knee and physical therapy of the left knee; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3xwk x 6wks for Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Physical Therapy 2-3xwk x 6wks for Left Knee is not medically necessary. California MTUS states that 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. Active therapy requires an internal effort from the individual to complete specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation of the injured worker's previous courses of physical therapy as well as the efficacy of those therapies. The number of physical therapy visits that have already been completed was not provided. Additionally, there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request for Physical Therapy 2-3xwk x 6wks exceeds the guideline recommendations. As such, medical necessity has not been established.

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The request for MRI of the left knee is not medically necessary. The California MTUS/ACOEM Guidelines state that most knee problems improve quickly once any red flag issues are ruled out. Official studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is lack of documentation of objective functional deficits that needed to be addressed with the use of a MRI. Additionally, the efficacy of the previous courses of conservative treatment was not provided. As such, medical necessity has not been established.