MAXIMUS Federal Services

Case Number:	CM14-0109019		
Date Assigned:	08/04/2014	Date of Injury:	04/17/2014
Decision Date:	10/03/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic Surgery 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:

This is a 34-year-old, male who sustained a vocational injury on 04/17/14 when he felt a painful pop in his left knee. The medical records provided for review included the report of an MRI of the left knee dated 05/08/14 identified an anterior cruciate ligament injury with most likely a partial tear and no evidence of meniscal tear. The office note dated 06/23/14 documented a diagnosis of left knee strain with intact ACL ligament clinically and no definitive disruption on MRI. The office note documented that the claimant had left knee pain out of proportion that would be expected from the injury and that complex regional pain syndrome and/or narcotic seeking behavior could not be ruled out. It was documented that the claimant required Norco to manage his pain. Objective findings on examination of the left knee revealed a left sided, slight antalgic gait, definite atrophy of the VMO portion of the quadriceps with 4+/5 quad strength. Range of motion was from zero to between 125 and 130 degrees of flexion with further flexion causing pain. He was tender diffusely in the parapatellar area, but did not have any joint line tenderness and no instability to varus or valgus stress testing in full extension and 30 degrees of flexion. Neurologic exam was noted to be intact from L4 through S1. Six physical therapy sessions were previously certified. There is no documentation to determine the claimant's response to the therapy. This request is for eight additional physical therapy sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee/Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: Physical medicine treatment ODG Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0;

Decision rationale: The ACOEM Guidelines and supported by the Official Disability Guidelines do not recommend the request for eight additional physical therapy sessions. ACOEM Guidelines support instruction by a physical therapist for a home exercise program. The documentation indicates that the claimant was authorized to have six physical therapy sessions for the diagnosis of left knee strain with intact ACL ligament clinically and no definitive disruption on MRI. The Official Disability Guidelines note that there should be allowance of fading of treatment frequency, plus active self-directed home physical therapy. Official Disability Guidelines support 12 visits over eight weeks for sprains and strains of the knee and ACL. Currently there is no documentation suggesting the previous six sessions of physical therapy provided the claimant with any functional improvement or decrease in symptoms. In addition, the current request of eight sessions in conjunction with the previous six sessions would give the patient 14 visits of therapy which exceeds the Official Disability Guidelines for sprains and strains of the knee, leg, and ACL. There is a lack of documentation suggesting barriers in place that would prevent the claimant from transitioning to a home exercise program. Therefore, based on the documentation presented for review and in accordance with the ACOEM Guidelines as well as Official Disability Guidelines, the request for additional therapy at this time cannot be considered medically necessary.