

Case Number:	CM14-0016868		
Date Assigned:	04/11/2014	Date of Injury:	11/15/2012
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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 Interventional Spine 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 33-year-old female with a date of injury of 11/15/2012. The listed diagnoses per [REDACTED] are pain, knee, contusion of knee and stiffness of knee. According to report dated 01/09/2014 by [REDACTED], the patient presents with continued left knee pain. The pain is described as aching, burning, and intermittent. The examination of the left knee revealed tenderness over the lateral patellar facet, range of motion, active extension is 0 degrees with a 3-degree extensor lag compared to a 0-degree extensor lag on the contralateral side. Hyperextension is still minimally painful. Range of motion, active flexion is 130 degrees. Crepitus is intermittently present at the patellofemoral joint with range of motion testing. Sensation indicates normal sensory and vascular examination. Muscle strength is 5/5 in all muscle groups. McMurray's test and balance test are both negative. MRI of the left knee from 11/26/2013 revealed within normal range. The provider recommends continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Medicine Treatment: Odg Physical Medicine Guidelines.

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

Decision rationale: This patient presents with continued left knee pain. The provider is requesting additional physical therapy 3 times a week for 4 weeks for the left knee. For physical medicine, the California MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 visits over 8 weeks. According to physical therapy report dated 03/28/2013, the patient has completed 9 physical therapy sessions for the left knee. The report goes on to state the patient complains of left knee pain with exertion, "although pain is inconsistent, and sometimes, she can run and jump without pain." It was noted the patient was ready for final instructions for an in home exercise program. In this case, the patient has recently gone through a course of 9 physical therapy sessions with improvement and as the physical therapist has noted, is ready for an in home exercise program. The provider's request for additional 12 sessions exceeds what is recommended by MTUS, and recommendation is for denial.