

Case Number:	CM14-0156903		
Date Assigned:	09/26/2014	Date of Injury:	06/06/2004
Decision Date:	11/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain Medicine, Spinal Cord Medicine, 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 40-year-old female with date of injury of 06/06/2004. The listed diagnoses per [REDACTED] from 08/22/2014 are: 1. Osteoarthritis localized primarily involving the lower leg. 2. Sprain of cruciate ligament of knee. According to this report, the patient complains of "right knee popping." The patient also reports ankle swelling and uses an ACE wrap and over-the-counter patch. She had ACL reconstruction x3 with repeat postop injuries and now has posttraumatic arthritis. Her right knee is better after physical therapy. She is waiting for her replacement brace. The patient takes Norco 1 to 2 tablets a day. The examination shows well healed scars on the right knee. Range of motion is from 0 to 125 degrees upon flexion. No varus and valgus laxity noted. The Utilization Review denied the request on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xweek x 3weeks for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Re-evaluation, Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg - physical medicine treatment

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

Decision rationale: This patient presents with right knee pain. The treater is requesting 6 physical therapy visits for the right knee. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records show a physical therapy initial exam on 08/01/2014 that showed marked right knee pain which is increased with any weight bearing activities. She is having difficulty performing her weight bearing activities of daily living. The patient has an antalgic gait that lacks full knee extension at heel strike and shortened stride length. She ambulates with the use of a single-point cane. The Utilization Review denies the request stating that the patient should have transition fully to a self-directed home exercise program and there are no impediments demonstrated. The UR also notes that the patient has been authorized 40 physical therapy sessions. However, prior to the 08/01/2014 initial physical therapy examination, it is unclear when the patient last received physical therapy since her most recent surgery was from 2008. The 08/22/2014 progress report showed right knee popping and ankle swelling with positive anterior drawer sign and soft endpoint on Lachman's testing. It appears that the patient has not had surgery or physical therapy visits recently and a short course of physical therapy is reasonable to address the patient's increased pain and difficulty in weight bearing activities of daily living. The requested 6 sessions are within MTUS Guidelines and it is medically necessary.