

Case Number:	CM14-0165632		
Date Assigned:	10/10/2014	Date of Injury:	12/05/2013
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 and Rehabilitation 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 51-year-old male who reported an injury on 12/05/2013 while participating in a yearly training program as a police corporal. He started to experience right knee pain. The injured worker complained of bilateral knee pain with movement and while getting in and out of a car. The injured workers had diagnoses of anterior cruciate ligament partial tear, medial meniscus tear, and right knee chronic pain. Diagnostics included MRI of the right knee that revealed a medial meniscus radial oblique tear of the body and posterior horn, evidence of chronic anterior cruciate ligament probably moderate grade partial thickness tear proximally, patellar partial thickness chondral loss of medial facet, and small popliteal cyst. Prior treatments included physical therapy and a knee brace. There was no documented medication. The objective findings dated 08/26/2014 of the right knee revealed effusion and crepitus with mild quadriceps atrophy. There was tenderness to palpation over the medial joint line testing positive for Lachman's and anterior drawer test. The treatment plan included 6 additional physical therapy sessions for the right knee. The Request for Authorization was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional Physical Therapy Sessions for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Physical Medicine Treatment

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

Decision rationale: The request for 6 additional physical therapy sessions for the right knee is not medically necessary. The 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 the internal effort by the individual to complete a 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. The guidelines recommend for neuralgia, neuritis, and radiculitis unspecified they recommend 8 to 10 visits over a 4 week period. The documentation provided from the rehabilitation center revealed the injured worker had at least 8 visits of physical therapy. The range of motion to the right knee 1 to 127 degrees. The strength to the right knee was 4+/5. The injured worker also indicated that the right knee was feeling okay and that therapy had been helpful. He attended 8 out of the 12 prescribed visits. The additional 6 visits exceed the recommended visits per the guidelines. The documentation provided did not warrant any special circumstances that required additional physical therapy. The injured worker has participated in a home exercise program; however, no followup was provided. Additionally, the injured worker takes no medication and no functional measurement of a pain level was provided. As such, the request is not medically necessary.