

Case Number:	CM14-0024351		
Date Assigned:	06/11/2014	Date of Injury:	06/17/2013
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 claimant is a 33-year-old female diagnosed with knee pain following an industrial injury sustained on 06/17/13 when a large piece of metal weighing approximately 300 pounds fell from a crane and struck the lateral aspect of her right knee, causing a valgus motion across her knee. A magnetic resonance imaging (MRI) obtained on 6/26/13 showed partial tear of the right medial collateral ligament (MCL) and anterior cruciate ligament (ACL). There was also noted to be a possible tear of the anterior horn of the lateral meniscus. She received physical therapy and it was noted this helped. On 01/16/14 the patient continued to report right knee pain rated at 3/10. Physical examination revealed full active range of motion in flexion, extension, internal and external rotation. Muscle strength was 4/5 to the quadriceps. McMurray's sign was positive. Sensation was intact in all dermatomes tested. On 2/11/14, it was noted the patient continued to report knee pain rated at 3/10. Objective findings were unchanged. She received another MRI of the right knee on 1/20/14 which showed no tears in knee ligamentous or meniscus. The MCL and ACL partial tears have healed. An additional 8 sessions of physical therapy was requested, which was modified at utilization review on 2/12/14 to certified physical therapy for 6 sessions for the right knee to review the patient's home exercise program(HEP) and transition her to an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIME A WEEK FOR FOUR WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient has a history of knee pain with prior MRI findings of partial tear of the right MCL and ACL. She has previously completed physical therapy. Repeat MRI performed on 1/20/14 noted no tears in the knee ligamentous or meniscus and the MCL and ACL partial tears were healed. Physical examination findings revealed full range of motion, 4/5 strength to the quadriceps, and positive McMurray's sign. There is no documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. The California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Given the patient has previously completed physical therapy and objective findings are minimal, the requested additional physical therapy two times per week for four weeks for the right knee is not medically necessary and is not medically necessary.