

Case Number:	CM14-0025127		
Date Assigned:	06/11/2014	Date of Injury:	10/28/2013
Decision Date:	07/24/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological 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:

The injured worker is a 49-year-old male injured on 10/28/2013. The mechanism of injury was described as knee pain occurring after he stood up from a kneeling position. The most recent progress note, dated 2/3/2014, indicates that there are ongoing complaints of left knee pain. A physical examination of the left knee demonstrated range of motion: 0/10/130A; stable ligaments; q10 - 48/46 cm and tight/tender over the iliotibial band laterally. An MRI of the left knee, dated 12/24/2013, demonstrated edema in the suprapatellar fat, suggestive of altered patellar tracking; low-grade chondral fissuring in the lateral patellar facet; extensive cystic changes in the anterior cruciate ligament consistent with moderate to severe cystic degeneration with interosseous ganglion cysts at the tibial attachment; mild subcutaneous edema anterior to the medial patellar retinaculum. The diagnosis is left patella chondromalacia. The previous treatment included 12 sessions of physical therapy between December 2013 and February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 13 Knee Complaints.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines support physical therapy for myalgia and radiculitis. The guidelines recommend a maximum of 10 visits to help control swelling, pain and inflammation. Review of the available medical records document #12 supervised physical therapy sessions and no clinical reasons to support additional physical therapy. As such, this request is not medically necessary.