

Case Number:	CM14-0028981		
Date Assigned:	06/16/2014	Date of Injury:	07/25/2013
Decision Date:	12/24/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal 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:

This 49 year old worker has an injury date of 7/25/2013. The injured worker (IW) slipped at work and twisted the left knee and has experienced left knee pain since the injury. Conservative measures that included oral medications, activity modification with light duty restrictions and treatment with physical therapy x 6 visits from 08/05/2013 through 08/29/2013 did not improve the knee pain. A MRI of the left lower extremity without contrast was done on 09/06/2013 and demonstrated a chondra lesion of the medial facet of the patella as well as small moderate effusion. There was no evidence of meniscal tear or weight bearing chondral lesion. On 12/12/2013, the IW had an orthopedic consultation. In this exam the range of motion of the left knee was noted to be 0-130 degrees, there was 2+ tenderness over the medial joint line and 2+ tenderness over the lateral joint line. A McMurry test was positive over the medial joint line. A cortisone injection was given at that time. The IW stated later stated the injection was not extremely beneficial. Physical therapy was resumed from 01/06/2014 through 01/21/2014. The progress report of 01/30/2014 states the left knee symptoms persist with pain primarily over the anterior aspect of the knee and with persistent swelling. It was felt the physical therapy did not improve his swelling and pain. The IW experiences catching over the anterior aspect of the knee and reports trouble with kneeling and squatting. At the 01/30/2014 exam, the McMurray's test was equivocal, stability examination was normal, and the neurovascular exam was intact. Due to the failure of conservative measures, a request for authorization was made on 02/05/2014 for a left knee arthroscopy with physical therapy to the left knee to follow. The UR decision on 02/06/2014 non-certified the request based on clinical information provided citing guidelines in the American College of occupational and Environmental Medicine knee exam chapter. Based on the clinical information available for the review, it was determined that the request does not meet preliminary guidelines and is not supported by medical necessity. With the non-

certification of the left knee arthroscopy, the request for post-operative physical therapy was also denied. The IMR request is for the left knee arthroscopy and physical therapy for the left knee. This 49 year old worker has an injury date of 7/25/2013. The injured worker (IW) slipped at work and twisted the left knee and has experienced left knee pain since the injury. Conservative measures that included oral medications, activity modification with light duty restrictions and treatment with physical therapy x 6 visits from 08/05/2013 through 08/29/2013 did not improve the knee pain. A MRI of the left lower extremity without contrast was done on 09/06/2013 and demonstrated a chondra lesion of the medial facet of the patella as well as small moderate effusion. There was no evidence of meniscal tear or weight bearing chondral lesion. On 12/12/2013, the IW had an orthopedic consultation. In this exam the range of motion of the left knee was noted to be 0-130 degrees, there was 2+ tenderness over the medial joint line and 2+ tenderness over the lateral joint line. A McMurry test was positive over the medial joint line. A cortisone injection was given at that time. The IW stated later stated the injection was not extremely beneficial. Physical therapy was resumed from 01/06/2014 through 01/21/2014. The progress report of 01/30/2014 states the left knee symptoms persist with pain primarily over the anterior aspect of the knee and with persistent swelling. It was felt the physical therapy did not improve his swelling and pain. The IW experiences catching over the anterior aspect of the knee and reports trouble with kneeling and squatting. At the 01/30/2014 exam, the McMurray's test was equivocal, stability examination was normal, and the neurovascular exam was intact. Due to the failure of conservative measures, a request for authorization was made on 02/05/2014 for a left knee arthroscopy with physical therapy to the left knee to follow. The UR decision on 02/06/2014 non-certified the request based on clinical information provided citing guidelines in the American College of occupational and Environmental Medicine knee exam chapter. Based on the clinical information available for the review, it was determined that the request does not meet preliminary guidelines and is not supported by medical necessity. With the non-certification of the left knee arthroscopy, the request for post-operative physical therapy was also denied. The IMR request is for the left knee arthroscopy and physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy left knee is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). In this case, documentation from September 10th 2013 progress note indicates the treating diagnosis is internal derangement left knee. On page 202 of

the medical records patient declined further physical therapy. In the most recent progress note is dated February 5, 2014. The physical examination of the left knee show "no erythema, ecchymosis, swelling or deformity noted. No knee joint effusion noted. Patient does exhibit full range of motion with flexion and extension of 0 to 130. Patient was neurovascularly intact". Six sessions physical therapy were authorized but had not started at this point. There is no further clinical indication for additional physical therapy. MRI of the knee showed chondromalacia, small effusion and small popliteal cyst. There was no clinical indication or clinical rationale for additional physical therapy to the left knee. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy left knee is not medically necessary.