

Case Number:	CM14-0049837		
Date Assigned:	04/21/2014	Date of Injury:	01/22/2011
Decision Date:	05/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 27 year-old male who reported an injury on 01/22/2011 and the mechanism of injury was not provided in the medical records. The current diagnosis is knee joint instability and knee pain. The injured worker has continued to have left knee pain since his injury. The injured worker had a left knee arthroscopic surgery on 05/25/2011. An unofficial MRI dated 03/01/2012 the physician indicated that there was positive edema around the hardware, postsurgical changes to the posterior horn of the meniscus and a horizontal tear to the meniscus. There was a possible roof impingement and a 6-mm bone fragment along with the rest of the changes that were noted. The clinical note from 02/18/2014 noted the injured worker complained that his left knee feels unstable and pain of the anterior, lateral, and medial knee. The injured worker stated that he has not had any treatments on the left knee since his last visit and he had not returned to work. On examination, there was full range of motion of the joints in the lower extremities. The left lower extremity stability indicated that the joints are stable and no evidence of dislocation or subluxation. The strength and motor tones of the lower extremities were noted as normal. The left knee exam indicated minimal swelling. Laxity was noted at the medial collateral ligament (MCL) with valgus stress, the anterior translation of tibia with anterior drawer test was positive and the posterior drawer test was negative. There was decreased quad tone and bulk and a positive McMurray's test with guarding. The physician impression was noted as medial joint space narrowing. The treatment plan included formal physical therapy. The request for physical therapy 2 x 6 for the left knee was submitted on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2 X 6) FOR THE LEFT KNEE: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less). The guidelines recommend injured workers should participate in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks for myalgia and myositis and 8-10 sessions of physical therapy over 4 weeks for neuralgia, neuritis, and radiculitis. The guidelines indicate 9-10 visits are recommended over 8 weeks. The guidelines also indicate that an assessment is needed prior to physical therapy in order to demonstrate the patient's deficits as well as to establish a baseline which can be used upon completion of therapy to assess whether the patient made significant functional improvements during the course of therapy in order to justify further treatment. The documentation provided failed to indicate if the injured worker had completed prior sessions of physical therapy and if there were objective functional gains. The information also failed to indicate if a prior assessment was completed prior to physical therapy in order to demonstrate the patient's deficits as well as to establish a baseline. It was unclear why the injured worker would require active formal physical therapy as opposed to a home based exercise program. Therefore, the current request for physical therapy 2 x 6 for the left knee is not medically necessary.