

Case Number:	CM14-0129125		
Date Assigned:	08/18/2014	Date of Injury:	06/27/2013
Decision Date:	01/20/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Emergency 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 injured worker is a 41 year-old male, who sustained an injury on June 27, 2013. The mechanism of injury occurred while he was carrying a nail gun when the hose got stuck and the nail gun discharged a nail into his right knee. Diagnostics have included: MRI of right knee, 2/1/14, showed post surgical changes of lateral patellar retinaculum, thickening of the quadriceps tendon, tiny Baker's cyst, and mild old medial collateral ligament sprain. Treatments have included: Right knee surgery, 6/27/13; medications; physical therapy x 6; electric stimulation; exercises; ice packs; heat; 6/24/14 right knee cortisone injection. The current diagnoses are: Right knee sprain/strain; intractable pain. The stated purpose of the request for physical therapy, bilateral knees 2x4 was to provide pain relief. The request for physical therapy, bilateral knees 2x4 was denied on July 23, 2014, citing the rationale that the injured worker had already had 6 visits of physical therapy documented in the records provided. Guidelines document the use of 5-8 visits of physical therapy over time in individuals who have nonspecific knee complaints. Per the report dated June 24, 2014, the treating physician noted that the injured worker complained of bilateral knee pain rated 5/10. The injured worker was going to physical therapy. Per the report dated May 5, 2014, the treating physician noted that the injured worker had right knee pain rated 5/10 and left knee pain rated 5/10. Pain radiated along the right lower extremity. The injured worker had difficulty ambulating upstairs. Objective findings included difficulty with gait and difficulty rising from a seated position. Palpation elicited tenderness and hypertonicity of the right knee quadriceps muscle. Right knee range of motion was 0-115 and 0-120 on the left. There was pain upon flexion and extension bilaterally. McMurray's was positive on the right with internal and external rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, bilateral knees 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; functional improvement measures Page(s): 98-99; 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg chapter, physical medicine treatment

Decision rationale: The requested physical therapy, bilateral knees 2x4 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, physical medicine, page # 98 note that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. CA MTUS Chronic Pain Treatment Guidelines, functional improvement measures, page # 48 note that functional improvement means either clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. ODG Guidelines, knee and leg chapter, physical medicine treatment, recommend up to 12 visits over 8 weeks for knee and leg sprains and strains and 9 visits over 8 weeks for joint pain. The injured worker has bilateral knee pain rated 5/10. The treating physician has documented limited range of motion of both knees, difficulty with gait, positive provocative maneuvers indicative of a symptomatic meniscal tear on the right, and tenderness and hypertonicity of the right knee. The treating physician has not documented symptomatic or functional improvement from the initial 6 sessions or documentation contraindicating progression within a home exercise program. The completed therapy sessions to date should have provided ample time to transition the injured worker into a dynamic home exercise program to further address any ongoing knee deficits. The criteria noted above not having been met, physical therapy, bilateral knees 2x4 is not medically necessary.