

Case Number:	CM14-0190304		
Date Assigned:	11/21/2014	Date of Injury:	07/19/2013
Decision Date:	01/20/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Medicine and is licensed to practice in Ohio. 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 21-year-old male with a date of injury of July 19, 2013. He complains of persistent catching of the medial aspect of his right knee, made worse with squatting. He was thought clinically to have an acute meniscal rupture however two MRI scans of the right knee failed to reveal evidence of meniscal pathology. The most recent MRI revealed mild attenuation of the ACL and a small amount of joint fluid. It is now thought that the injured worker has a symptomatic fibrotic plica and an arthroscopic right knee surgery has been requested. It is documented that the injured worker previously had physical therapy, used a brace, and took anti-inflammatories but had no improvement with these conservative therapies for over a year. The physical exam reveals tenderness to palpation of the antero-medial aspect of the right knee but no joint line tenderness. Range of motion is normal and the strength of the quadriceps and hamstring is rated as fairly good. The diagnosis is sprain/strain of the right knee. At issue is a request for 12 sessions of physical therapy for the right knee for purposes of strengthening and stretching until he can have an arthroscopic right knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to the right 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, Physical medicine treatment

Decision rationale: The Official Disability Guidelines do allow for 12 physical therapy visits over 8 weeks for sprains/strains of the knee. However, the injured worker previously has had physical therapy and the treating physician notes that there was no improvement. The physical exam documents normal range of motion and fairly good strength around the knee. The medical rationale for an additional round of physical therapy therefore is not established. Hence, physical therapy 2 times weekly for 6 weeks is not medically necessary.