

Case Number:	CM14-0025282		
Date Assigned:	06/16/2014	Date of Injury:	09/16/2013
Decision Date:	01/20/2015	UR Denial Date:	02/06/2014
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 Occupational Medicine and is licensed to practice in Arizona and Michigan. 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 who was involved in a motor vehicle accident in the usual course of his duties on 9/16/2013. The injured worker reports that he was driving a truck when a vehicle sideswiped his truck from the right side. The injured worker states he jammed his knee into the brake which resulted in pain in his neck, low back and knee. He was evaluated by his treating physician and diagnosed with right knee pain which is his primary complaint as well as cervical spine pain and lumbar spine pain. He was referred for physical therapy and received 6 sessions of physical therapy to his cervical and lumbar spine. Initial x-ray of the knee reported in the notes on 12/19/2013 revealed minimal joint space narrowing of the medial aspect on the right. The rest of the exam was negative. His MRI of the knee dated 1/8/2014 revealed partial tear of the proximal patella tendon with peripheral soft tissue edema as well as chondromalacia. Office visit dated 1/20/2014 he followed up for right anterior knee pain and mild low back pain, his physical exam revealed right knee flexion of 100 degrees and an essentially normal low back exam. His MRI was reviewed and he was diagnosed as patella tendon tear and referred for physical therapy. This request is for 8 sessions (2 times a week for 4 weeks) of physical therapy to his right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy visits for the right knee, 2 times a week for 4 weeks:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines Physical Medicines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical medicine treatment

Decision rationale: The MTUS recommends physical medicine, which can be active or passive, with active yielding better results. Passive helps with pain, swelling and inflammation while active helps with restoring flexibility, range of motion, strength and function amongst other things. Prescribed physical methods recommended in the MTUS include initial and follow up visits for education, counseling and evaluation of home exercise program. For unspecified myalgia and myositis 9-10 visits over an 8 week period. It appears that this patient received 6 sessions of physical therapy to his cervical and lumbar spine, and based on his most recent office visit this appears to have been beneficial to his cervical and lumbar spine, however he did not receive physical therapy specifically for his knee. The number requested is within the recommended guideline of 9-10 visits, therefore 8 sessions of physical therapy to the right knee is medically necessary.