

Case Number:	CM14-0097226		
Date Assigned:	07/28/2014	Date of Injury:	06/27/2013
Decision Date:	01/20/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/25/2014

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 August 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; electric stimulation; exercises; ice packs; heat. The current diagnoses are: Right knee sprain/strain; intractable pain. The stated purpose of the request for Physical therapy two times a week for four weeks, to the left knee was to provide pain relief. The request for physical therapy two times a week for four weeks, to the left knee was denied on June 2, 2014, citing the rationale that it cannot be determined if the request is for initial or additional sessions for the left knee. The request was non-certified due to lack of information. 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 two times a week for four weeks, to the left knee.: Upheld

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

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 two times a week for four weeks, to the left knee 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 left knee pain rated 5/10. The treating physician has documented limited range of motion of the left knee and difficulty with gait. The treating physician has not documented whether this request for therapy is the initial course for the injured worker's condition or whether the injured worker has had previous physical therapy for the left knee. There is no documentation of the amount of therapy sessions completed to date, symptomatic or functional improvement from previous sessions, or documentation contraindicating progression within a home exercise program. The criteria noted above not having been met, Physical therapy two times a week for four weeks, to the left knee is not medically necessary.