

Case Number:	CM15-0028882		
Date Assigned:	02/20/2015	Date of Injury:	07/16/2014
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on July 16, 2014. She has reported a slip and fall landing directly on her knee. The diagnoses have included right knee contusion, foot contusion, knee effusion, knee hematoma, meniscus tear and ACL sprain/strain/tear. Treatment to date has included diagnostic studies, joint injection and physical therapy. Currently, the injured worker complains of pain and swelling of the right lower extremity. The symptoms were described as intermittent, mild and dull. The pain is increased by dependent positioning and decreased by elevation. Notes stated that the injured worker has been responding well to physical therapy. On January 28, 2015 Utilization Review modified a request for physical therapy 18 visits over 6 weeks for the right knee to 10 visits over 4 weeks, noting the CA MTUS and Official Disability Guidelines. On February 17, 2015, the injured worker submitted an application for Independent Medical Review for review of physical therapy 18 visits over 6 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x per week x 6 weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical medicine treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Knee and Leg. Physical medicine treatment

Decision rationale: ODG Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks, Post-surgical (Meniscectomy): 12 visits over 12 weeks, Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks, Post-surgical (ACL repair): 24 visits over 16 weeks, Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks, Post-surgical: 12 visits over 12 weeks, Articular cartilage disorder - chondral defects (ICD9 718.0) Medical treatment: 9 visits over 8 weeks, Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks, Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. In this instance, the injured worker had sustained a contusion to the knee resulting in a large hematoma of the knee region, a mild sprain of the ACL, and some cartilage disruption in the region of the medial patella. It appears that she has had at least 12 physical therapy visits pertaining to the right knee since her injury. She has not had knee surgery. the medical record does not explain why she should not be considered independent with a home exercise program. None of the diagnoses she has with regard to the right knee would allow for 18 physical therapy visits absent surgery. Therefore, physical therapy, 3 visits a week for 6 weeks, for the right knee is not medically necessary.