

Case Number:	CM15-0087689		
Date Assigned:	05/11/2015	Date of Injury:	12/03/2014
Decision Date:	06/12/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 30 year old male who sustained an industrial injury on 12/03/2014. Diagnoses include left knee sprain and internal derangement. Treatment to date has included diagnostic studies, medications, use of a cane and a hinged knee brace, ace wrap, ice, and physical therapy. A physician progress note dated 04/30/2015 documents the injured worker received a steroid injection to the left knee. A physician progress note dated 01/16/2015 documents the injured worker has left knee pain medially. He describes the discomfort as a sharp discomfort of numbness and tingling, pins-and-needles of moderate severity on a fairly constant basis of the medial aspect of the knee. He takes Ibuprofen for pain which helps. On examination he walks with an antalgic gait. Left knee flexion is 140 degrees. There is left knee tenderness to palpation over the medial collateral ligament. There is slight pain medially with valgus stress testing. It is documented that a MRI done 01/09/2015 shows intermediate grade sprain of the medial collateral ligament associated with moderate diffuse edema surrounding the medial collateral ligament and reactive edema within the medial femoral condyle. There is broad zone of micro trabecular fracture and injury involving the posterolateral aspect of the lateral femoral condyle. A smaller zone of post traumatic edema involves the anteromedial and posterolateral portions of the tibial plateau. There are intact cruciate ligaments and menisci. Treatment requested is for physical therapy 3xwk x 4wks left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xwk x 4wks Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is left knee sprain of the medial collateral ligament. The date of injury is December 3, 2014. A progress note dated January 6, 2015 shows the injured worker has subjective complaints of left knee pain that improved with decreased swelling. Physical therapy was effective. The treating provider requested an additional request for physical therapy three times per week times three weeks (nine sessions). Utilization review indicates the injured worker received at least 20 physical therapy sessions. There is no documentation in the medical record indicating objective functional improvement. There were no physical therapy progress notes or record. The request authorization date is April 27, 2015. A progress note dated April 30, 2015 indicates the injured worker presented for a left knee injection. There was no discussion or documentation of additional physical therapy in the medical record. There was no rationale for additional physical therapy. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, compelling clinical facts indicating additional physical therapy is warranted and a clinical rationale for additional physical therapy in the April 30, 2015 progress note, physical therapy three times per week times four weeks to the left knee is not medically necessary.