

Case Number:	CM14-0120573		
Date Assigned:	10/02/2014	Date of Injury:	03/14/2013
Decision Date:	10/28/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient has been diagnosed with old disruption of the anterior cruciate ligament. The patient also has been diagnosed with derangement of the posterior medial meniscus. The patient has chronic right knee pain. The patient is early had physical therapy for the right knee. Evaluation the medical records indicates that there is documentation that the patient has reached a plateau with the physical therapy and no further improvement as expected. The patient continues to have complaints of knee pain and subjective loss of motion. Physical examination documents right knee range of motion of 10-70. Magnetic resonance imaging (MRI) of the right knee from April 2013 shows posterior horn and medial meniscus tear and partial tear of anterior cruciate ligament. X-rays from March 2013 show no fracture or malalignment. Physical examination notes no malalignment no gross a deformity and no swelling. The patient has had previous arthroscopic surgery. Another physical examination documents 90 of flexion and 15 extension of the knee without instability. Contractures were noted to be chronic and fixed. The medical records indicate that there is documentation that the patient is not likely to gain improvement with additional physical therapy and range of motion. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 additional physical therapy visits for the right knee, 3 times a week for 12 weeks with evaluation as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC) SECTION: KNEE & LEG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter, ODG knee pain chapter

Decision rationale: Guidelines do not support the use of additional physical therapy this case. The patient has already had significant attempts at physical therapy and there is documentation medical records that additional physical therapy for the knee is not likely to improve range of motion or improve the patient's pain. Since the medical records document that additional physical therapy is not likely to be helpful, and the patient had significant attempts at physical therapy, justification for additional physical therapy visits not met. Guidelines do not support additional physical therapy for the knee at this time.