

Case Number:	CM14-0131809		
Date Assigned:	08/20/2014	Date of Injury:	01/08/2013
Decision Date:	10/27/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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 53 year old male who sustained an injury to his right knee on 01/08/13 when he hit his knee against the corner of a work bench. MRI of the right knee dated 04/23/14 revealed chondral fissuring at the medial ridge of the patella; intact menisci, cruciate ligaments, and collateral ligaments; small leaking popliteal cyst. Progress report dated 07/01/14 reported that the injured worker described some swelling, pain, weakness, and discomfort in the right knee with periodic giving way. Plain radiographs noted positive patellofemoral grind. Treatment to date has included ice, over the counter Motrin, Advil, Tylenol and transcutaneous electrical nerve stimulation unit. The injured worker had full range of motion of the right knee; tender subluxing patella; McMurray's test negative and no effusion. The injured worker was currently diagnosed with a lateral meniscus tear. As per verification with physical therapy facility, the injured worker had not been seen for the right knee. He only attended physical therapy for his neck and shoulder in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for the right knee: Upheld

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

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

Decision rationale: The request for 12 sessions is already in excess of this recommendation. There was no mention that a surgical intervention had been performed. Official Disability Guidelines recommend up to nine visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 12 physical therapy visits for the right knee is not indicated as medically necessary.