

Case Number:	CM14-0152104		
Date Assigned:	09/22/2014	Date of Injury:	06/08/2011
Decision Date:	11/06/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine & Rehabilitation 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 62 year old female with a date of injury on 6/8/2011. Mechanism of injury was due to trip and fall. December 14, 2013 records indicate that the injured worker had an agreed medical evaluation (AME). Records dated 2/7/14 documents that the injured worker reported she had a previous knee injection which relieved her knee symptoms about 90% however it was starting to wear off. She reported left knee pain and twisting and standing for more than five minutes aggravated her pain. She reported that pain was medially and occasionally lateral and rated it as 7/10. Left examination noted tenderness over the medial joint line greater than lateral joint line. Tenderness was noted over the lateral patellar facet. Range of motion is within normal limits. McMurray's was slightly positive. Bounce test was positive. Patellar grind was mild positive. Records dated May 23, 2014 that she experienced 10% improvement since her last three physical therapy visits. She reported that she had 2 cortisone injections, had an x-ray and a magnetic resonance imaging (MRI) with initial injury which showed torn meniscus but had no surgery. On examination, diffuse tenderness was noted over the medial/anterior aspect and over the medial collateral ligament (MCL). Significant laxity was noted. Records dated June 13, 2014 indicates that her previous injection went well but reported that a month prior she turned suddenly and her left knee was sore for about two days and could barely bend her knee. This occurred while at work with a bird net and caused acute flare of prior knee injury. She was sent to a worker's compensation hospital but she was just sent to physical therapy which only worsened her knee pain. She also reported occasional clicking with pain and her knee hurt with overuse and is activity induced. She reported that her pain felt a little above and below the knee specifically on the anterior-medial side. She rated her knee pain as 1-3/10. Left knee examination noted tenderness over the antero-medial line. Range of motion was limited with pain on passive flexion. Tenderness was also noted over the medial and lateral

patellar facet. McMurray's test was positive. Bounce test was positive. X-rays performed on May 27, 2014 noted no acute fracture or dislocation but there is tricompartmental degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 physical therapy treatments for the 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical medicine treatment

Decision rationale: Records indicate that the injured worker has received physical therapy to the left with improvements in 2012 and current records indicate that she has been authorized with physical therapy sessions again to the left knee but she was unhappy with the location thus she has not been able to attend physical therapy. Moreover, her most recent records indicate that her pain level has increased. Evidence-based guidelines indicate that for conditions including tear of the medial/lateral cartilage/meniscus of the knee 9 visits are allowed over 8 weeks and guidelines warrant 6 initial visits as trial to check the efficacy of the said treatments. In this case, the injured worker is noted with unknown number of prior physical therapy sessions to the left knee in 2012 with noted improvements. Additionally, she has been authorized with 9 physical therapy visits but she was unable to do so because she was unhappy with the location. However, records do indicate that she underwent 5 physical therapy sessions from 5/16/14 to 5/28/14 with significant improvements which means that she has not completed her authorized 9 physical therapy sessions. The only barrier in the completion of her authorized physical therapy sessions is that she was unhappy with the location. Other than this, there are no other justification that is stopping the injured worker from completing her authorized sessions and approval of additional four physical therapy sessions will already be in excess of the recommendations of the guidelines. Therefore, the medical necessity of the requested additional 4 physical therapy sessions for the left knee is not established. The request is not medically necessary.