

Case Number:	CM13-0011976		
Date Assigned:	10/11/2013	Date of Injury:	10/27/1999
Decision Date:	10/08/2015	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/19/2013

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

Certification(s)/Specialty: Emergency 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:

This is a 54-year-old male worker who was injured on 10-27-1999. The medical records reviewed indicated the injured worker (IW) was treated for status post fall with contusion and chondral lesion, medial patella, right knee; and knee effusion with internal derangement. The progress notes dated 5-21-2013 indicated the IW had complaints of back pain and spasm, but his main complaint was medial knee joint pain, swelling, limitation of motion and catching and clicking with grinding when walking or climbing stairs. He stated his knee had given way a couple of months before, and he fell, exacerbating his knee pain. An MRI had been done of the right knee on 5-15-2013 showing joint effusion, severe chondromalacia with medial facet patella subchondral reactive bone edema and sprain of the medial and lateral collateral ligaments, per the provider's notes. On examination, there was ballotable patella with right knee effusion. There was tenderness to palpation in the medial facet area and in the medial and lateral collateral ligaments. The right knee was positive for patellofemoral grind and inhibition test. Treatments to date include medications, including Kadian; right knee arthroscopy (6-27-2013); and home exercise program. He had not yet begun postoperative physical therapy, according to the records reviewed. A Request for Authorization asked for continued physical therapy to the right knee, 12 additional visits (frequency and duration not provided). The Utilization Review on 8-2-2013 denied the request for continued physical therapy to the right knee, 12 additional visits (frequency and duration not provided) because there was no documentation that indicated any functional deficits to justify continued PT for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy to the right knee, 12 additional visits (frequency and duration not provided): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Knee, Table 2, Summary of Recommendations, Knee Disorders>.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The requested Continue physical therapy to the right knee, 12 additional visits (frequency and duration not provided), is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Knee, Pages 24-25, 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) note: Postsurgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 4 months. The injured worker has medial knee joint pain, swelling, limitation of motion and catching and clicking with grinding when walking or climbing stairs. He stated his knee had given way a couple of months before, and he fell, exacerbating his knee pain. An MRI had been done of the right knee on 5-15-2013 showing joint effusion, severe chondromalacia with medial facet patella subchondral reactive bone edema and sprain of the medial and lateral collateral ligaments, per the provider's notes. On examination, there was ballotable patella with right knee effusion. There was tenderness to palpation in the medial facet area and in the medial and lateral collateral ligaments. The right knee was positive for patellofemoral grind and inhibition test. The treating physician has not documented the number of post-op therapy sessions completed, objective evidence for derived functional improvement nor the medical necessity for further therapy beyond the necessity for instruction in a transition to a dynamic home exercise program. The criteria noted above not having been met, Continue physical therapy to the right knee, 12 additional visits (frequency and duration not provided) is not medically necessary.