

Case Number:	CM13-0010599		
Date Assigned:	09/23/2013	Date of Injury:	11/17/2011
Decision Date:	01/22/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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 is a 55-year-old male who reported an injury on 11/17/2011. The patient's symptoms include pain and swelling in his left knee. He was noted to be status post left knee arthroscopy on 12/14/2012 with excision of medial parameniscal cyst. It was also noted he received Synvisc-One on 05/08/2013 which was beneficial. Physical exam findings stated the left knee showed well-healed arthroscopic portals and surgical scar. His diagnoses were listed as industrial injury to the bilateral knees; status post left knee arthroscopy with excision of medial parameniscal cyst, and status post Synvisc-One to the left knee. A plan was recommended for continued therapy once a week for 6 weeks for his left knee as he continued to have pain, weakness, loss of motion, and functional deficits and has made good progress with the therapy thus far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 88-89.

Decision rationale: California MTUS states physical medicine for patients with myalgia or myositis is 9 to 10 visits over 8 weeks. Guidelines further state that active therapy is based on the philosophy that therapeutic exercise can be beneficial for restoring flexibility, strength, endurance, and function. As the patient's most recent physical exam noted on 08/21/2013 failed to show any objective functional deficits for which physical therapy would be beneficial, the request is not supported. Additionally, the request for 12 physical therapy visits exceeds the general guideline recommendation for 9 to 10 visits over 8 weeks. For these reasons, the request is non-certified.