

Case Number:	CM13-0021437		
Date Assigned:	12/11/2013	Date of Injury:	07/06/2012
Decision Date:	03/17/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 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 47-year-old male who reported an injury on 07/16/2012. The mechanism of injury was lifting a heavy object. The patient underwent surgery on 05/10/2013. The surgery performed was a diagnostic arthroscopy of the left knee, left knee arthroscopic partial medial meniscectomy, left knee synovectomy, left knee intra-articular injection of anesthetic and steroid. The physical therapy note dated 06/15/2013 indicated the left knee range of motion was extension at 175 degrees and flexion at 95 degrees. The note indicated the patient felt he was progressing well and had numbness in the left calf. Note dated 06/2013 indicated the patient had complaints of pain to the left knee that was improved with medications from a 7 to a 5 on a pain scale of 0 to 10. The patient indicated he had completed 6 visits of physical therapy thus far. It was noted the patient felt the patient therapy had been helping his pain and range of motion. Upon examination it was noted that there was mild prepatellar effusion. Upon palpation there was tenderness to the medial joint line. The range of motion revealed flexion limited to 90 degrees. The patient had pain on endpoint of extension. There was no joint laxity noted. The drawer test was negative as was the McMurray's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 sessions of PT (2 x 6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 98-99, 114, Postsurgical Treatment Guidelines. Decision based on Non-

MTUS Citation Pain, Suffering and the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004)) pg. 114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98.

Decision rationale: The MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In addition, the guidelines indicate that for myalgia and myositis, physical therapy is recommended for a total of 9 to 10 visit over 8 weeks. The records provided for review indicated on 06/15 the range of motion of the employee's left knee was extension at 175 degrees and flexion at 95 degrees. The note dated 06/20/2013 indicated the employee's range of motion with flexion was limited to 90 degrees. The records provided for review also indicated the employee had completed 6 sessions of physical therapy as of 06/20/2013. Records provided for review failed to indicate functional deficits to support additional physical therapy. Additionally, the records failed to indicate if additional physical therapy sessions had been completed since 6/20/2013. As such, additional 12 sessions of physical therapy 2 times a week for 6 weeks is not found to be medically necessary. Therefore, the request is non-certified.