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| Case Number: | CM13-0024122 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 01/06/2012 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

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 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 49-year-old male who reported a work-related injury on 01/06/2012; the specific mechanism of injury was the result of a fall. Subsequently, the patient is status post arthroscopic partial medial meniscectomy, extensive chondroplasty, synovectomy, excision of the synovial plica and lateral release of the left knee as of 05/2012. The clinical note dated 11/21/2013 reported that the patient was seen for a followup under the care of [REDACTED]. The provider documented that the patient utilized Norco and a Butrans patch for his pain complaints. The patient reported 6/10 pain to the bilateral knees and lumbar spine. The provider documented that the patient's full medication regimen included Cyclobenzaprine, Gabapentin, Mirtazapine, Naproxen, Norco, Tizanidine and Triamterene. The provider documented that upon physical exam of the patient's bilateral knees, 0 extension was noted, and flexion was 120 degrees bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, left knee is not: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) - Integrated Treatment/Disability Duration Guidelines: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence support for the continuation of physical therapy interventions for this patient status post a work-related injury sustained in 01/2012. The current request does not specify the duration or frequency of physical therapy interventions. The California MTUS indicates to allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active, self-directed home physical medicine. At this point in the patient's treatment, an independent home exercise program would be indicated.