

Case Number:	CM13-0026568		
Date Assigned:	11/22/2013	Date of Injury:	12/22/2011
Decision Date:	02/06/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice 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 female who reported a work-related injury on 12/12/2011, specific mechanism of injury not stated. The patient subsequently is status post a left knee partial medial and lateral meniscectomy, patellofemoral chondroplasty and lateral release as of 04/11/2012. The clinical note dated 08/19/2013 reported that the patient was seen for treatment of the following diagnoses: osteoarthritis with prior partial medial meniscectomy under the care of [REDACTED]. The provider documented that the patient was referred to physical therapy, and the patient reported that she did attend although she did not complete all of the sessions. The patient reported that physical therapy interventions did not were ineffective. The provider documented that the patient, upon physical exam, was 5 feet 2 inches tall and weighed 249 pounds. The provider documented that exam of the patient's bilateral knees revealed right-sided range of motion at 130 degrees of flexion and extension of 0; left knee range of motion was 130 degrees of flexion and -30 degrees in extension. The provider documented that a physical therapy referral was provided to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 6 to the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines, and ODG Knee Chapter

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 reported that the patient continued to present with bilateral knee pain complaints status post a work-related injury sustained in December 2011. The requesting provider, ■■■■■ documented that the patient had previously utilized a course of physical therapy; however, she did not finish all of the sessions recommended. Additionally, the provider documented that the patient reported that physical therapy interventions were ineffective for her pain complaints to the bilateral knees. 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. Given the lack of positive efficacy noted with previous supervised therapeutic interventions, the request for PT 2 times 6 to the left knee is neither medically necessary nor appropriate.