

Case Number:	CM13-0028414		
Date Assigned:	11/27/2013	Date of Injury:	08/24/2004
Decision Date:	01/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/24/2013

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 52-year-old male who reported a work related injury on 08/24/2004. The patient is status post knee scopes times 3, right knee scope times 2, right knee cyst (decompression) in 2010, and left knee arthroscopy dated 12/14/2012 due to arthritis under the patella and a meniscal tear at the inside of the knee. The patient has undergone conservative treatment to include activity modification, physical therapy, steroid injections and Synvisc. The patient's diagnoses are listed as left knee medial and lateral meniscal tears, patellofemoral arthrosis. Request was made for physical therapy 4 times a week for 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy four (4) times a week for six (6) weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: Recent clinical documentation stated the patient had a 3 to 5 year history of left knee pain. There was no known injury that caused this problem. Overall, the pain had worsened over the past 8 months. The

patient is referred for partial patellofemoral replacement. Examination of the left knee revealed well healed arthroscopic incisions, mild medial joint line tenderness, and trace effusion. There was also mild patellofemoral crepitation and patellofemoral facet tenderness with anterior compression. Range of motion was 0 degrees to 120 degrees and no pain was noted with passive range of motion. Active knee motion was strong against resistance. Collateral ligaments at 30 degrees were stable and orthopedic tests were negative. California Chronic Pain Medical Treatment Guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis. It is unclear per submitted documentation how many physical therapy visits the patient has had to this date. The patient was not noted to have significant functional deficits of the left knee to warrant formal physical therapy visits. Per clinical documentation, the patient was well versed in a home exercise program. There was no evidence given to show the patient would not be able to minimize his deficits and decrease his pain with the use of a home exercise program versus formal physical therapy visits. Therefore, the request for physical therapy 4 times a week for 6 weeks for the left knee is non-certified.