

Case Number:	CM13-0031129		
Date Assigned:	12/04/2013	Date of Injury:	04/30/2000
Decision Date:	04/25/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 claimant is a 65-year-old gentleman who was injured in a work related accident on April 30, 2000. Specific to the claimant's left knee, there is an August 21, 2013 follow-up assessment indicating diagnoses of internal derangement to the left knee with meniscal tearing noted to be status post a prior arthroscopy. Review of postoperative imaging includes an MRI report showing a small effusion, tricompartmental arthrosis and a tibial collateral ligament sprain from January of 2013. Physical examination findings on that date demonstrated restricted motion from 0 to 110 degrees with no documented tenderness to palpation, negative McMurray's testing and no effusion. There was some tenderness to the patellofemoral joint and pain with terminal motion. Crepitation was also noted as well. Given the claimant's current clinical picture, recommendations were for a course of physical therapy for eight additional sessions to the left knee for the aforementioned diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS FOR THE TREATMENT OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Based on MTUS Guidelines, the role of physical therapy in this employee's chronic course of care would not be indicated. The employee's current clinical picture fails to demonstrate acute clinical finding or indication as to why advancement to a home exercise program could not occur. Based on current clinical picture, amount of physical therapy already utilized and the employee's timeframe from surgical process, the specific clinical request in this case would thus not be indicated or medically necessary.