

Case Number:	CM13-0035871		
Date Assigned:	12/13/2013	Date of Injury:	09/12/2000
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/18/2013

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 Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 has a September 12, 2000 industrial injury claim involving both knees from working at [REDACTED]. The diagnoses include: status post (s/p) prior right knee arthroscopy in 2000 and revision arthroscopy on July 13, 2012; Kenalog injection to the right knee on September 5, 2012; Synvisc One to the right knee on December 5, 2012 and July 24, 2013; MRI of the left knee shows medial meniscal tear and medial compartment arthrosis. The September 30, 2013 UR decision was for non-certification of Physical Therapy x12 for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the September 4, 2013 report from [REDACTED], the patient was limping and developing compensatory low back pain. [REDACTED] recommended left knee surgery, but states it was apparently not an accepted body part. He recommends continuing the

physical therapy for the right knee. The patient's right knee surgery was in July 2012 so he is not in the postsurgical physical medicine treatment timeframe. The California MTUS Chronic Pain Medical Treatment Guidelines apply. The California MTUS recommends 8-10 sessions of physical therapy for various myalgias and neuralgias. The reporting suggests the patient has prior physical therapy visits and the physician requested "continuing" physical therapy x12. The requested physical therapy combined with any prior physical therapy visits exceeds the California MTUS recommendations. Therefore the request for 12 sessions of physical therapy for the right knee is not medically necessary or appropriate.