

Case Number:	CM13-0038482		
Date Assigned:	12/18/2013	Date of Injury:	04/01/2010
Decision Date:	03/17/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 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:

This patient is a 45 year old male with a 4/1/10 date of injury. At the time of request for authorization for physical therapy for the left knee, there is documentation of subjective (left knee flare-up in symptoms with burning pain and morning stiffness) and objective (left knee full range of motion with crepitus, positive effusion, and pain with McMurray's testing) findings, current diagnoses (internal derangement of the left knee status post arthroscopic meniscectomy with residuals), and treatment to date (12 physical therapy sessions and medication). 9/18/13 medical report indicates the patient has only completed 12 sessions of physical therapy after undergoing surgery to the left knee on 9/25/12. Plan indicates 12 more physical therapy sessions to the left knee. Physical therapy sessions completed is the limit of guidelines. In addition, there is no documentation of objective improvement with previous treatment and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Physical medicine treatment.

Decision rationale: MTUS reference to ACOEM identifies documentation of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of physical therapy. ODG recommends a limited course of physical therapy for patients with a diagnosis of internal derangement of the knee not to exceed 12 sessions over 8 weeks and documentation of exceptional factors when treatment duration and/or number of visits exceed the guidelines. Within the medical information available for review, there is documentation of a diagnosis of internal derangement of the left knee status post arthroscopic meniscectomy with residuals, and a plan indicating for 12 more physical therapy sessions to the left knee. In addition, there is documentation of 12 previous physical therapy sessions completed to date, which is the limit of guidelines, functional deficits, and functional goals. Furthermore, there is no documentation of objective improvement with previous treatment and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the left knee is not medically necessary.