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| Case Number: | CM13-0042058 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/09/2010 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 09/24/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, 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 expert 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 injured worker is a 51-year-old male with a reported injury on 06/09/2010. The mechanism of injury is not provided. The injured worker's diagnoses include knee pain and status post knee repair. The injured worker's previous treatments included medications, TENS unit, steroid injections, home exercise program, moist heat, home cryotherapy, a brace, Toradol injections, and physical therapy. The injured worker's diagnostic testing included an MRI of the left knee on 04/01/2014, which suggested an irregularity of the body of the medial meniscus, slightly extending into the posterior horn, suggestive of tear and/or postsurgical change. The medial meniscus was smaller than the lateral meniscus. There was medial compartmental chondromalacia with no full thickness cartilage defects identified. The injured worker also had a Functional Capacity Examination on 11/14/2012. The injured worker's surgical history included an unspecified left knee surgery on 10/04/2010. The injured worker was evaluated on 07/15/2014 for left knee pain. The injured worker rated his pain at 6/10 and reported that medications and the TENS treatment partially helped with the pain. The clinician observed and reported tenderness to palpation and decreased flexion (mild). The gait was antalgic. The clinician recommended referral to an orthopedic surgeon, refilled pain medications, and instructed the injured worker to continue a home exercise program and TENS treatment. The injured worker's medications included Ibuprofen, Trazodone, Ativan, Omeprazole, Fioricet, and Methoderm. The request was for physical therapy for the left knee, three (3) times a week for ten (10) sessions. The rationale for the request was for the treatment of left knee pain status post knee repair. The Request for Authorization form was submitted on 09/30/2013.

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, three (3) times a week for ten (10) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical medicine treatment

Decision rationale: The request for physical therapy for the left knee, three (3) times a week for ten (10) sessions is not medically necessary. The injured worker continued to complain of left knee pain. The clinician wrote an appeal letter stating that the injured worker was postsurgical. The California MTUS Postsurgical Treatment Guidelines recommend postsurgical treatment for meniscectomy as 12 visits over 12 weeks with the postsurgical physical medicine treatment period extending for 6 months. The injured worker's left knee surgery was in 10/2010. Therefore, the postsurgical guidelines are not appropriate. The Official Disability Guidelines recommend 9 visits over 8 weeks for a tear of the meniscus of the knee. Post surgically, the ODG recommends 12 visits over 12 weeks. The injured worker did have 5 physical therapy visits. On the sixth visit, the patient declined to stay for exercise and treatment due to personal reasons and initialed that statement on the progress note. No further documentation from physical therapy was provided. No recent quantified findings of functional deficits were provided for review. The injured worker has a home exercise program. Therefore, the request for physical therapy for the left knee, three (3) times a week for ten (10) sessions is not medically necessary.