

Case Number:	CM13-0044826		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2008
Decision Date:	02/19/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/17/2013

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, and is licensed to practice in Maryland. 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 employee had knee pain possibly due to torn meniscus and early degenerative joint disease. There were no imaging studies. She had been treated with Physical therapy. She was noted to have had 12 visits prior to May 9, 2013. There is no documentation of functional improvement with the therapy. As per ODG, physical medical guidelines, for the dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. The patient had already had prior treatment in 2013 seemingly in excess of 9 sessions recommended according to the guidelines. Further, it was not clearly stated why additional treatment was sought and no functional improvement is noted in the physical therapy treatment. Hence the medical necessity for additional Physical therapy beyond the recommended 9 weeks is not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy, four (4) visits for DOS 5/13/2013 thru 5/22/2013 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee disorders

Decision rationale: The employee had knee pain possibly due to torn meniscus and early degenerative joint disease. There were no imaging studies. She had been treated with Physical therapy. She was noted to have had 12 visits prior to May 9, 2013. There is no documentation of functional improvement with the therapy. As per ODG, physical medical guidelines, for the dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. The patient had already had prior treatment in 2013 seemingly in excess of 9 sessions recommended according to the guidelines. Further, it was not clearly stated why additional treatment was sought and no functional improvement is noted in the physical therapy treatment. Hence the medical necessity for additional Physical therapy beyond the recommended 9 weeks is not met.