MAXIMUS Federal Services

Case Number:	CM13-0045660		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2012
Decision Date:	02/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio, and Texas. 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 is a 43-year-old male who reported an injury on 06/18/2012. The patient is currently diagnosed as status post right knee lateral meniscal tear, right knee mechanical symptoms, and right knee chondromalacia. The patient was recently seen by [redacted] on 08/07/2013. The patient reported persistent right knee pain. Physical examination revealed a well-healed portal, 0 to 90 degree range of motion, and pain on patellofemoral compression. Treatment recommendations included a neoprene knee sleeve for the right knee, continuation of current medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. As per the clinical documentation submitted, the patient is status post right knee arthroscopy on 07/08/2013. The patient is currently still in the rehabilitation process. It was noted by [redacted] on 08/07/2013, the patient was to begin a course of physical therapy the following day. The medical necessity for the additional 12 physical therapy sessions requested has not been established. Based on the clinical information received, the request for 12 physical therapy sessions is non-certified.

Decision for 1 right knee injection (lidocaine, marcaine and kenalog) under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 337.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as cortisone injections are not routinely indicated. The Official Disability Guidelines state corticosteroid injections are recommended for documented symptomatic severe osteoarthritis of the knee. As per the clinical documentation submitted, the patient is status post right knee arthroscopy on 07/08/2013. Given that the patient is still in the rehabilitation process, the use of invasive techniques such as an injection does not appear medically necessary. Based on the compensable injury received, the request for 1 right knee injection (lidocaine, marcaine and kenalog) under ultrasound guidance is non-certified.