

Case Number:	CM13-0045856		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2010
Decision Date:	03/07/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 is a 63-year-old male who reported an injury on 03/04/2010. The patient is diagnosed with left knee pain, status post arthroscopy with partial medial meniscectomy. The patient was seen by [REDACTED] on 09/17/2013. The patient reported persistent pain and increased sensitivity in the left knee. Physical examination revealed 0 to 95 degree range of motion, slight swelling, diffuse tenderness, maximal tenderness along the medial joint line, and pain with manipulation of the knee. Treatment recommendations included continuation of current physical therapy twice per week for the next 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 3Wks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient is status post left knee arthroscopy with partial medial meniscectomy. The patient has completed an extensive course of physical therapy postoperatively. However, documentation of a significant functional improvement was not provided. Despite ongoing treatment, the patient continued to report persistent pain with activity limitation. The patient's physical examination continues to reveal decreased range of motion, tenderness to palpation, swelling, and painful manipulation. Based on the clinical information received, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.