

Case Number:	CM13-0048614		
Date Assigned:	12/27/2013	Date of Injury:	03/29/2013
Decision Date:	02/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in Interventional Spine 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 40-year-old male with date of injury on 03/29/2013. The progress report dated 09/24/2013 by [REDACTED] indicates that the patient's diagnoses include: Knee pain, joint derangement, site unspecified, MRI unclear, posterior horn medial meniscal degeneration favored over a tear, chronic pain x5 to 6 months with minimal improvement. The patient continues with knee pain rated at a 5/10. The patient also complains of occasional knee instability. The patient had recently completed a course of 6 sessions of physical therapy with limited improvement. The patient then had undergone an additional 3 physical therapy visits. The physical exam findings showed decreased flexion of the right knee due to pain. The patient had a positive anterior and posterior drawer test and a positive McMurray's test. The patient had an MRI on 04/01/2013 which showed a posterior horn medial meniscal degeneration favored over a tear. It was noted that the patient had approximately 25% improvement and achievement of the initial goals from physical therapy. An additional 6 sessions of physical therapy was requested and the patient was referred back to [REDACTED] regarding consideration for possible surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks to the right knee: Upheld

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

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

Decision rationale: The patient continues with significant right knee pain and limited range of motion and has recently undergone 9 sessions of physical therapy and is now being referred back to orthopedic surgeon for possible surgery. The California MTUS page 98 and 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. Up to 10 visits of physical therapy is recommended for myalgia and myositis. The requested 6 additional sessions of physical therapy in addition to the recent 9 visits of physical therapy exceeds the guideline recommendation. Therefore, recommendation is for denial.