MAXIMUS Federal Services

Case Number:	CM13-0055998		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2012
Decision Date:	04/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, District of Columbia, Maryland and Florida. 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 46-year-old female who sustained a work related injury on 1/18/2013 while working for [redacted] as a [redacted] Administrator/Medical Records Clerk. The patient states that she was walking out of one of the surgical suites into the hallway when she slipped on the wet floor and injured her left knee. The patient felt immediate pain and reported the injury right away. The patient reported to the hospital two days later where x-rays were obtained, medication was prescribed and she was given a knee brace. The patient was referred to physical therapy and went on 5 to 6 occasions however it was causing her increased left knee pain so it was discontinued. The patient was later administered a cortisone injection to her knee however it caused her left knee symptoms to increase. In September 2012 the patient began seeing a doctor referred to her by her attorney. An MRI scan was obtained and reviewed and left knee surgery was recommended. On October 12, 2012 she underwent a left knee arthroscopy; she attended postoperative physical therapy for 12 sessions and reported improvement. However after the physical therapy was completed the patient noticed that the pain to her knee returned and continued to increase. In June 2013 she underwent a left knee MRI arthrogram which was normal. The patient received another cortisone injection to her left knee which, as it previously did, aggravated her left knee pain. In the most recent progress report dated 10/29/2013 the patient complained of continued pain and difficulty in her left knee. She states that she has difficulty ascending and descending stairs. Upon physical examination it is noted that her left knee showed well-healed arthroscopic portals, range of motion is 0 to 125 degrees with no intraarticular effusion and tenderness to the medial joint line as well as patellofemoral crepitation. She is currently diagnosed with internal derangement of the left knee and status post

left knee arthroscopy. At issues is the request for Physical therapy for left knee 2 x 6 which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy for left knee 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 to 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Knee & Leg (Acute & Chronic) (updated 03/31/14) Physical Medicine

Decision rationale: With respect to additional physical therapy sessions, it was reported that the patient presented with complaints of pain and difficulty with ascending and descending stairs. The patient is status post left knee meniscectomy on 10/02/12 and has attended prior Physical therapy sessions. The notes indicate that she previously had 10 sessions and the most recent review approved 2 additional visits to allow for re-education of the home program. There is no documentation of any new functional deficits that would require additional supervised therapy rather than a home exercise and stretching program as recommended by CA-MTUS guidelines.ODG Physical Medicine Guidelines state-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. 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; Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):Medical treatment: 12 visits over 8 weeks; Post-surgical (ACL repair): 24 visits over 16 weeks; Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks and Post-surgical: 12 visits over 12 weeks. Therefore the request for Physical therapy for left knee 2 x 6 is not medically necessary.