

Case Number:	CM13-0063451		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2012
Decision Date:	04/25/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 claimant is a 58-year-old gentleman who sustained an injury to the left knee in a work related accident on February 22, 2011. The clinical records provided for review indicated that the claimant is status post a left knee arthroscopic partial meniscectomy in November of 2012. Postoperative clinical records were reviewed including an assessment on October 28, 2013 noting ongoing complaints of pain in the left knee status post the surgical procedure despite postoperative care of physical therapy, medication management, injections as well as viscosupplementation injections, the last injection was August 19, 2013. It was documented that the claimant continued to have weakness and discomfort with examination showing well healed portal sites, 0 to 120 degrees range of motion, no obvious effusion, ligamentous laxity or instability. Recommendations indicated that viscosupplementation injections could be repeated every six to twelve months and a request for twelve additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY FOR THE LEFT KNEE (12 SESSIONS): Upheld

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

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

Decision rationale: Based on CA MTUS Chronic Pain 2009 Guidelines, continuation of formal physical therapy at this stage in the claimant's care would not be supported. The physical examination demonstrates no functional deficit in this individual who has documentation of osteoarthritic change status after a knee arthroscopy in 2012. While the Chronic Pain Guidelines recommend the role of isolated physical therapy in the chronic setting, it does so only for up to nine or ten sessions for the diagnosis of myalgias or myositis. The specific request for twelve sessions at this stage in the claimant's chronic course of care given the current clinical findings and diagnosis would not be indicated.