

Case Number:	CM13-0067028		
Date Assigned:	01/03/2014	Date of Injury:	03/29/2012
Decision Date:	07/23/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is a 49-year-old male janitor sustained an industrial injury on 3/29/12, relative to a rear-end motor vehicle accident. The patient was status post left knee arthroscopic partial medial meniscectomy and partial anterior synovectomy on 9/14/12. He completed approximately 16 post-operative physical therapy visits. The 7/8/13 treating physician report stated that the patient goes to the gym for exercise and aqua therapy which is helpful. The 7/9/13 QME report cited intermittent knee pain with giving way and locking. Pain increased with bending the knee, prolonged standing and walking, stair climbing, walking on uneven surfaces, and kneeling or crouching. Left knee exam findings documented functional range of motion, negative orthopedic testing, and normal strength. There was left knee anterior tenderness to palpation noted over the patella, tibial tubercle, and patellar tendon. The 8/1/13 utilization review denied the request for physical therapy for the left knee based on current objective physical exam findings and prior objective response to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POST OPERATIVE PHYSICAL THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. In this case, there is no documentation of functional treatment goals for the requested physical therapy. There is no functional assessment or specific functional deficit identified. Contemporary exam findings document normal strength, functional range of motion, and negative orthopedic testing. The patient completed 16 visits of post-op physical therapy and was participating in an independent gym exercise program. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent exercise program. Therefore, the request for physical therapy for the left knee is not medically necessary and appropriate.