

Case Number:	CM13-0067171		
Date Assigned:	01/03/2014	Date of Injury:	09/17/2007
Decision Date:	04/09/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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:

According to the records made available for review, this is a 59-year-old female with a 9/17/07 date of injury, and status post left knee arthroscopy with partial medial meniscectomy 1/21/08. At the time of request for authorization for physical therapy, three (3) times per week for four (4) weeks, for the left knee, there is documentation of subjective (pain in the left knee) and objective (slight crepitus in the left knee and restricted range of motion) findings. Current diagnoses include status post left knee arthroscopy with partial medial meniscectomy 1/21/08 and residual patellofemoral arthralgia. Treatment plan include activity modification, surgery, and medications. Report indicates that the patient has not had any physical therapy for this injury. The proposed number of sessions exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function

Chapter 6, pg.114, and the Official Disability Guidelines (ODG) Knee & Leg, Physical therapy (PT).

Decision rationale: The MTUS/ACOEM guidelines identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of knee arthritis not to exceed 9 sessions over 8 weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceed the guidelines. In addition, ODG identifies an initial course of up to six visits to determine whether the patient is responding favorably to physical therapy treatment. Within the medical information available for review, there is documentation of diagnoses of status post left knee arthroscopy with partial medial meniscectomy 1/21/08 and residual patellofemoral arthralgia. In addition, there is documentation of objective functional deficits and functional goals. However, the proposed number of physical therapy sessions exceeds guidelines. The request for physical therapy, three (3) times per week for four (4) weeks, for the left knee is not medically necessary and appropriate.