

Case Number:	CM13-0068949		
Date Assigned:	02/05/2014	Date of Injury:	03/21/2013
Decision Date:	06/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 injured worker is a 39-year-old male who reported an injury on 03/21/2013. The mechanism of injury involved a fall. Current diagnoses include slip and fall accident, sprain/strain of the knee/leg, and meniscus tear. The injured worker is status post open chondral allograft medial femoral condyle, and arthroscopic partial medial meniscectomy on 07/11/2013. The injured worker was evaluated on 11/18/2013. The injured worker reported painful and tight right knee symptoms with neck spasm. Physical examination revealed pain, tenderness, swelling, 110 degree flexion and extension, positive McMurray's testing and spasm. Treatment recommendations at the time included authorization for an extension of physical therapy twice per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has previously participated in at least 27 sessions of physical therapy to date. There is no documentation of a significant functional improvement that would warrant the need for ongoing treatment. The injured worker continues to report pain, tightness and spasm. Physical examination continues to reveal limited range of motion, spasm, and positive McMurray's testing. Based on the clinical information received, the request is not medically necessary.