

Case Number:	CM13-0071156		
Date Assigned:	05/07/2014	Date of Injury:	03/25/2011
Decision Date:	10/22/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 48-year-old male with a 3/25/11 date of injury; the mechanism of the injury was not described. The patient underwent left knee arthroscopy on 11/13/08 and revision arthroscopy 7/12/13. The patient was seen on 11/4/13 with complaints of discomfort, swelling and occasional locking of his knee. Exam findings of the left knee revealed well-healed arthroscopic portals, range of motion 0-115 degrees with 1+ effusion and medical compartment tenderness. The progress notes indicated that the patient had PT in the past with no improvement and it was noted that the patient cancelled or rescheduled 7 of 9 sessions of PT as of 09/20/13. The diagnosis is status post left knee arthroscopy, left knee pain. Treatment to date: work restrictions, Synvisc injections, PT, hot/cold patch and medications. An adverse determination was received on 11/20/13 given that the patient already exceeded recommended number of visits of PT for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Sessions Left Knee: Upheld

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

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

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient underwent left knee arthroscopy in 07/13. The progress notes indicated that the patient had PT treatment, however the number of visits was not documented. In addition, there is a lack of documentation indicating subjective and objective gains from the treatment and it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical Therapy 12 sessions for the left knee was not medically necessary.