

Case Number:	CM13-0071183		
Date Assigned:	01/08/2014	Date of Injury:	01/15/2012
Decision Date:	06/24/2014	UR Denial Date:	12/16/2013
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 Physical Medicine & 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 patient is a 42-year-old male who has submitted a claim for lumbosacral radiculopathy, shoulder region disorder, knee tendinitis, and hip tendinitis, status post knee arthroscopy and partial meniscectomy (06/17/2013). Medical records from 01/17/2013 to 11/20/2013 were reviewed and showed that patient complained of lumbar spine pain radiating to the bilateral lower extremities with numbness, and right knee pain and numbness. The patient ambulates using a cane, and complains of difficulty with activities of daily living, as well as maintaining certain body positions. Physical examination showed patellar crepitus on flexion and extension with medial and lateral joint line tenderness in the right knee. There was lumbar spine spasm, tenderness and guarding in the paravertebral muscles with limitation of range of motion. An MRI of the right knee, dated 10/28/2013, showed insertional tendonitis in the semimembranosus. There was no evidence of meniscal tears, chondral defects, or ligament tears. Treatment to date has included physical therapy, Xanax, gabapentin, and knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE RIGHT KNEE TWO TIMES PER WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As stated on page 99 to 100 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Postsurgical Treatment Guidelines recommend physical therapy for 12 visits in 12 weeks over a 6 month period as post-operative treatment for meniscectomy. In this case, the patient underwent knee arthroscopy and partial meniscectomy on June 2013. Despite adequate physical therapy, there is persistence of symptoms. There was no objective evidence of functional improvement after physical therapy. Therefore, the request for physical therapy to the right knee two times per week for four weeks is not medically necessary.