

Case Number:	CM13-0071940		
Date Assigned:	01/08/2014	Date of Injury:	05/19/2012
Decision Date:	05/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Pain Medicine 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 53 year old female who was injured on 05/19/2012. The patient sustained an injury to her left knee. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing knee surgery on 11/15/2012 and left knee arthroscopy surgery on 08/22/2013. She has also had an injection to her lower back which helped to relieve the pain in her back and legs for about four months. A urine toxicology test dated 10/16/2013 documented Tramadol and hydrocodone prescribed but none detected, inconsistent. Medications include Diazepam 5 mg, Hydrocodone/APAP 2.5-325 mg, and Pantoprazole 20 mg. Diagnostic studies reviewed include MRI of the left knee dated 06/06/2013 revealing the following impressions; Large joint effusion with associated lipoma arborescence.; Postoperative changes associated with the fibular collateral ligament and the popliteus tendon, these appear intact; High signal density focus within the body of the lateral meniscus suspicious for a meniscal flap tear; Osteoarthritis in the lateral joint compartment with full thickness chondral loss centered laterally; and Mucinous degeneration of the anterior cruciate ligament with associated synovitis of the intracondylar notch. PR-2 dated 12/04/2013 documented the patient with complaints of persistent left knee pain. She states it is moderate to occasionally severe. Objective finding on examination of the left knee reveals mild inflammation; no ecchymosis and no abrasion; patient has no evidence of infection; well healed surgical scars, the skin is closed; and discharge or erythema. She has peripatellar tenderness to palpation. She has limited range of motion. Diagnoses include left knee pain, left knee strain/sprain, and status post left knee surgery, 11/15/12 and 8/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 12 VISITS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that physical therapy in a fading treatment frequency early in the course of treatment to reduce inflammation and swelling, decrease pain, and improve rate of tissue healing. The MTUS guidelines recommend emphasis on active treatment through patient education and home exercise programs while avoiding passive treatment plans. This should include a home exercise program and documented plans for transitioning to an independent treatment program. The medical records do not provide any information regarding the goals of physical therapy, plans for transitioning to a home exercise program, or the length or frequency of treatment. Therefore, the request for additional physical therapy, 12 visits for the left knee is not medically necessary and appropriate.