

Case Number:	CM14-0004552		
Date Assigned:	02/05/2014	Date of Injury:	09/02/2011
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 an employee of [REDACTED] who has submitted a claim of low back pain and knee pain associated from an industrial injury date of September 2, 2011. Treatment to date has included arthroscopic partial medial meniscectomy (2/23/11), left femoral nerve block (10/2/13), left knee scope for medial meniscus tear and chondroplasty (10/2/13), physical therapy, chiropractic therapy, knee brace, and medications which include Motrin, Relafen, Voltaren gel, topiramate, naproxen, acetaminophen/codeine, Alprazolam, fluoxetine, and Abilify. Medical records from 2013 were reviewed, the latest of which (December 26, 2013) revealed that the patient presents with low back pain and knee pain. She reports knee pain and swelling. Her left knee pain on most days is 8/10. She completed authorized chiropractic therapy for her low back pain. She reports decreased pain, better sleep, and increased function. She is able to bend forward and laterally better than before the treatment; before the treatment, the pain was 8/10 and is now 3/10. On examination of the left knee, there was noted diffuse edema and pain noted medially, laterally, and posteriorly. Range of motion with flexion is limited to approximately 110 degrees. Muscular strength was 4/5 in the quadriceps. There is positive anterior drawer test. On examination of the right knee, there was pain noted medially. On examination of the lumbar spine, pain was elicited over the right facet joint. Axial rotation is positive to the right for pain. Gait is slow and deliberate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2X6) 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 MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POST SURGICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, KNEE, POSTSURGICAL TREATMENT (MENISCECTOMY), 99, 24

Decision rationale: As stated on page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus the addition of active self-directed home exercise. In addition, as stated on page 24 of the California MTUS Postsurgical Treatment Guidelines, physical therapy for post-meniscectomy patients is recommended for 12 visits over 12 weeks within a 6 month treatment period. In this case, the patient underwent two knee surgeries: arthroscopic partial medial meniscectomy (2/23/11) and left knee scope for medial meniscus tear and chondroplasty (10/2/13). The patient had previous physical therapy, with the last session dated 12/26/13. However, the total number of post-operative therapy sessions received is unknown due to lack of documentation. Furthermore, pain relief and functional improvements were not documented. As such, the request is not medically necessary.