

Case Number:	CM14-0006563		
Date Assigned:	03/03/2014	Date of Injury:	03/01/2010
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 Tennessee. 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 59-year-old male with a 3/1/2010 date of injury. He was coming down the steps of a truck when he slipped, landing on his left knee, twisting it, which led to pain and swelling. In a 12/10/13 progress note, the patient presented for a follow-up evaluation of his left knee. He states that he has made progress in both pain and function with physical therapy. Physical exam shows a well-healed surgical incision of the left knee, his range of motion is just shy of full extension to about 95 degrees of flexion. Patella mobility seems to be loosening up. He has good stability and poor quadriceps tone. Diagnostic impression: cervical strain with some arthritic changes, internal derangement of left knee, torn medial meniscus, and chondromalacia status post arthroscopic meniscectomy and debridement. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 1/13/14 denied the request for additional physical therapy because it is unclear how many physical therapy visits the patient has already completed after manipulation. It is noted that the current guidelines recommend up to 20 visits after manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Physical medicine treatment).

Decision rationale: California Medical Treatment Utilization Schedule (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. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, there is no documentation as to how many physical therapy visits the patient has already completed. Official Disability Guidelines (ODG) Physical Medicine Guidelines recommend a maximum of 9 visits over 8 weeks for meniscal injuries. Therefore, the request for 8 physical therapy sessions was not medically necessary.