

Case Number:	CM14-0006911		
Date Assigned:	02/07/2014	Date of Injury:	10/29/2010
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 49 year old male has a date of injury of 10/29/10 to the left ankle, right knee and left knee. His diagnoses include right knee status post arthroscopic resection of the synovial plica and tricompartmental synovectomy on 4/4/12; left knee small meniscal tear and; possible iliotibial band syndrome; Baker's cyst, left knee arthroscopy and plica resection on 7/22/13, left ankle strain, chronic with residuals. There is a request for physical therapy x 8. There is a 1/28/14 primary treating physician progress report that states that the patient has not worked since his last evaluation in this office. He has not sustained any new injuries. The patient was participating in a physical therapy program for the left knee under the previous prescription and he notes his movement is somewhat better. The patient experiences occasional pain in his bilateral knees. His range of motion is reduced. He feels pain in his knees with movement. The pain increases with prolonged standing. He occasionally feels pain over the left ankle. Per the 11/19/13 PT note the patient has completed 14 sessions since 8/27/13 and has 4 left for a total of 18 sessions. He has made progress and is 70% better. His pain is a 2-7/10. He has pain with deep squatting and full flexion. His quads are 4-/5 and hamstrings are 4+/5. He is better able to complete day to day activities. He has still has trouble with difficulty with ascending stairs, deep squatting, and. running. Quick cut/pivot movements still cause pain though less than before.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WEEKLY FOR 8 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for physical therapy weekly for 8 weeks is not medically necessary. The patient has already had 14 sessions and had up to 18 authorized. The MTUS postsurgical guidelines recommend up to 12 for this patient's condition. The documentation indicates that at this point the patient should be able to perform an independent home exercise program without the need for formal supervision. The request for 8 more physical therapy sessions is not medically necessary.