

Case Number:	CM14-0007972		
Date Assigned:	02/07/2014	Date of Injury:	01/13/2010
Decision Date:	07/24/2014	UR Denial Date:	01/03/2014
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 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:

The patient is a 59 year old male who has submitted a claim for left knee recurrent medial and lateral meniscal tears; status post left knee revision arthroscopy, associated with an industrial injury date of January 13, 2010. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of persistent left knee pain with swelling, exacerbated by prolonged standing and walking. On physical examination, the left knee showed well-healed arthroscopic portals. The patient can flex to 90 degrees and extend to 5 degrees. Mild swelling of the left knee was noted, with no evidence of allodynia. An MRI of the left knee done on August 21, 2012 showed modest chondromalacia of the patella and chronic anterior cruciate ligament rupture. Treatment to date has included physical therapy, medications, and left knee revision arthroscopy. Utilization review from January 3, 2014 denied the request for physical therapy 1xwk x 5wks left knee, because the patient has had 21 sessions of physical therapy. In addition, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1XWK X 5WKS LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the MTUS Chronic Pain Guidelines, physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly to help control swelling, pain and inflammation during the rehabilitation process. In this case, physical therapy (PT) was prescribed in order to promote healing and mobility of the affected knee. However, records reviewed showed that the patient was already on Home Exercise Program since September 2013; hence the patient can tolerate self-directed active therapies at home. Therefore, the request is not medically necessary.