

Case Number:	CM14-0008271		
Date Assigned:	02/10/2014	Date of Injury:	10/25/2006
Decision Date:	07/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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:

This is a 47-year-old female with a 10/25/06 date of injury. She is status post right knee surgery on 7/25/11 and a second surgery on 9/26/13 with partial medial and lateral meniscectomy and plica excision. She was seen on 11/06/13 with complaints of ongoing complaints of low back and right knee pain. She was prescribed 6 acupuncture visits since her last visit and Lidoderm patches which were denied.. She has had 2 sessions of PT for her knee post operatively which have helped and has 10 more sessions to go. She is on NSAIDS. But stopped the Lyrica, and Tramadol secondary to GI issues. Exam findings revealed the patient does not require assistance to ambulate anymore, but she has an antalgic gait. There was diffuse tenderness and decreased range of motion in the L spine. Straight leg raise was negative. The right knee exam was deferred. Treatment to date: PT x 2 with 10 sessions remaining, with improvement, medications. A UR decision dated 1/6/14 denied the request given the patient already had 12 sessions of post operative PT approved and has only finished 2 session at the time of the request for additional PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X 6 VISITS RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient had a meniscectomy with 12 approved postoperative sessions. There is documentation that she did note a decrease in pain after her first two sessions to a 3/10. It is unclear how many sessions the patient has completed to date, and there is no explanation as to why the patient could not transition into a HEP, nor was a rationale given for more physical therapy that requires exceeding MTUS guidelines, the request for additional physical therapy to the right knee x6 was not medically necessary.