

Case Number:	CM14-0100300		
Date Assigned:	07/30/2014	Date of Injury:	02/28/2014
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of February 28, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; 9 sessions of physical therapy, per the claims administrator; MRI imaging of the knee on April 29, 2014, reportedly negative for meniscal tear; and work restrictions. In a utilization review report dated June 23, 2014, the claims administrator denied a request for 6 additional sessions of physical therapy. The claims administrator did not state what guidelines it was basing its denial upon. No guidelines were incorporated into the body of the report. It appears that the denial was based on a request for authorization form dated April 7, 2014. MRI imaging of the knee dated April 26, 2014, was notable for evidence of a partial medial meniscectomy, with recurrent degenerative changes of the medial meniscus and severe truncation of the posterior horn associated with the earlier partial meniscectomy. Tricompartmental osteoarthritis and degenerative change of the lateral meniscus were also appreciated, along with a remote ACL injury. On June 27, 2014, the applicant reported persistent complaints of knee pain, 9/10. The applicant was having a hard time walking. It was suggested that the applicant was working, admittedly with limitations in place. The applicant was using a cane to move about. The applicant was asked to return to work while using a card. A left knee injection was apparently performed. In an earlier progress note dated June 2, 2014, it was stated that the applicant was to obtain a diagnostic versus therapeutic knee injection. It was stated that the applicant would probably undergo arthroscopic knee surgery based on the results of the same. On June 10, 2014, the applicant was asked to use an electric cart while working as much as possible. The applicant's knee was not getting better. Severe, 9/10 pain was noted. The applicant did appear to be working modified duty at [REDACTED] despite ongoing pain complaints. On April 29, 2014, the applicant was asked to continue usage

of a knee brace. It was again stated that the applicant was not improving and that the applicant should transfer care to an orthopedic knee surgeon. On April 9, 2014, the applicant again stated that he was not much improved since last visit. MRI imaging, physical therapy, and Motrin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) (6) sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-3, page 338.

Decision rationale: The applicant had already had prior treatment (9 sessions, per the claims administrator), seemingly well in excess of the "initial and follow-up visits" recommended for education, counseling, and evaluation of home exercise in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-3, page 338. The applicant had, however, failed to demonstrate any lasting benefit or functional improvement through the same. The applicant continued to remain highly reliant on a cane and electric scooter/electric walker. The applicant was reporting severe complaints of pain and difficulty ambulating. Ultimately, the applicant's treating provider reached the opinion that the applicant had failed to demonstrate any functional improvement as defined in MTUS 9792.20(f) through earlier treatment and suggested that the applicant consult a knee surgeon to consider steroid injection therapy and/or surgery. Additional therapy was not indicated, given the applicant's poor response to earlier treatment. Therefore, the request is not medically necessary.