

Case Number:	CM14-0101111		
Date Assigned:	07/30/2014	Date of Injury:	05/29/2012
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 52-year-old female who reported an injury on 05/29/2012. The mechanism of injury was the injured worker had a box of material fall on her left knee. The injured worker had a left knee arthroscopy, partial meniscectomy and chondroplasty on 10/31/2013. The clinical documentation indicated the injured worker completed her postoperative physical therapy treatment. The documentation of 04/30/2014 revealed the injured worker had a diagnosis of internal derangement, left knee, status postsurgical treatment, status postsurgical 10/13/2013. The documentation indicated the injured worker continued independent exercise and a home care program and had pain that was increased and localized in the medial aspect. The physician documented the injured worker had lost range of motion on the examination and was not able to be controlled with home care. The request was made for 12 visits for physical therapy to the knee to regain function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDENLINES - TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98, 99 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend 12 visits of physical therapy over 12 weeks for postsurgical treatment. The clinical documentation submitted for review indicated the injured worker had completed the therapy. Additionally, as the injured worker had completed the therapy and the injured worker was out of the time frame for postoperative physical therapy, chronic pain guidelines were applied. The California MTUS Chronic Pain Guidelines recommend 8-10 visits for myalgia and myositis. There was a lack of documentation of objective functional deficits to support the necessity for ongoing supervised physical therapy. The request as submitted failed to indicate the quantity and frequency for the requested physical therapy. Given the above, the request for physical therapy, left knee, is not medically necessary.