MAXIMUS Federal Services

Case Number:	CM14-0014329		
Date Assigned:	02/26/2014	Date of Injury:	01/17/2013
Decision Date:	10/09/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 36-year-old male who reported an injury on 01/17/2013. The mechanism of injury was not provided. On 05/28/2014, the injured worker presented with persistent pain in the right knee. Current medications included Voltaren gel. Upon examination, the injured worker ambulated with the use of a cane, was an obese male, and there was no effusion to the right knee. The diagnoses were chronic right knee pain status post right partial meniscectomy on 04/08/2013. An MRI of the right knee on 08/21/2013 revealed hypoplastic lateral meniscus, chondromalacia, and mild arthritis, and chronic left knee pain status post left knee arthroscopic repair on 12/16/2013. An MRI of the left knee performed on 08/30/2013 revealed moderate sized oblique undersurface tear of the posterior horn of the medial meniscus. Prior therapy included surgery, physical therapy, the use of a brace, acupuncture, and medications. The provider recommended 18 physical therapy sessions for the right knee. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy for The Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for 18 physical therapy for the right knee is not medically necessary. The California MTUS Guidelines state that therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits the injured worker underwent previously was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Therefore, the request is not medically necessary.