

Case Number:	CM14-0019907		
Date Assigned:	04/28/2014	Date of Injury:	10/29/2012
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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 35 year old male with a reported date of injury on 10/29/2012. The worker was injured when he tripped over a chair. An operative report noted on 06/24/2013 the injured worker underwent a left knee arthroscopy with a partial medial meniscectomy. The injured worker completed post-operative physical therapy x8 visits. The progress note dated 01/14/2014 reported the injured worker had been doing some low-impact activities such as bicycling but if he attempted anything such as running he developed sharp pains to the medial joint line. The patellofemoral symptoms had improved. The request for authorization was submitted on 01/14/2014 for physical therapy 2 times a week for 4 weeks for the left knee due to MMT/tear medial meniscus, current chondromalacia patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY SESSIONS 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT KNEE QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, REGULATIONS CHAPTER Page(s): 24.

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

Decision rationale: The request for additional therapy sessions 2 times a week for 4 weeks for the left knee is not medically necessary. The injured worker reported pain with impact activities and that he would like to continue with his personal trainer. The California Chronic Pain Medical Treatment guidelines Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed 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 regarding current functional deficits such as decreased range of motion and motor strength. There was a lack of documentation indicating the efficacy of the prior physical therapy. The guidelines recommend 9-10 visits over 8 weeks; however, due to lack of documentation indicating significant functional deficits are present the request is not medically necessary.