

Case Number:	CM14-0126908		
Date Assigned:	08/13/2014	Date of Injury:	06/25/2012
Decision Date:	12/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with a date of injury of 06/25/2012. The patient is status post left knee arthroscopy with meniscectomy and chondroplasty on 05/01/2013. According to progress report from 07/07/2014, the patient presents with left knee, ankle, and foot pain. Treatment history to date includes medications, activity modifications, knee brace, and cortisone injections. Examination revealed patient ambulates with assistance of a cane. There is moderate knee effusion in the bilateral knees. Right knee motion is -5 to 100 degrees and left knee motion is -12 to 90 degrees. There is tenderness to palpation over the medial joint line of the right knee. The listed diagnosis is osteoarthritis, left knee. This is a request for physical therapy 3 times a week for 4 weeks for the left knee. Utilization review denied the request on 07/15/2014. Treatment reports from 02/28/2014 through 07/07/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x week for 4 weeks, L knee: Upheld

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

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

Decision rationale: This patient presents with left knee, ankle, and foot pain. The current request is for physical therapy 3 times a week for 4 weeks for the left knee. This patient is status post left knee arthroscopy meniscectomy from 05/01/2013 and is outside of the post surgical time frame. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include physical therapy treatment reports. The utilization review indicates that the patient has participated in 24 physical therapy sessions. The date of these sessions and results of the therapy is not documented. In this case, the treater's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as to why the patient will not be able to transition in a self-directed home exercise program. The request is not medically necessary.