

Case Number:	CM14-0132340		
Date Assigned:	08/22/2014	Date of Injury:	08/05/2013
Decision Date:	09/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

This patient sustained an injury on 8/5/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 3X wk X 4 wks right knee. The patient has history of left knee arthroscopy (undated) with residual symptoms. Conservative care has included 18 physical therapy visits; synvisc injections x 3; medications; and modified activities/rest. Report of 7/8/14 from the provider noted the patient with ongoing left and right knee pain. Exam noted antalgic gait with clinical impression of s/p left knee arthroscopic surgery; right knee strain. Functional capacity evaluation dated 5/21/14 noted knee range of 108 degrees able to repetitively squat #5. The request(s) for Physical Therapy 3X wk X 4 wks right knee was non-certified on 7/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3X wk X 4 wks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

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

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is without documented functional limitations, post-operative complications, or comorbidities to allow for additional physical therapy. There is reported functional improvement from treatment of 18 authorized PT visits already rendered to transition to an independent home exercise program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical Therapy 3X wk X 4 wks right knee is not medically necessary and appropriate.