

Case Number:	CM14-0133687		
Date Assigned:	08/25/2014	Date of Injury:	06/04/2013
Decision Date:	10/29/2014	UR Denial Date:	08/05/2014
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 Internal Medicine, has a subspecialty in Nephrology 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 55-year-old patient had a date of injury on 6/4/2013. The mechanism of injury was a motor vehicle accident. In a progress noted dated 7/7/2014, the patient complains of pain in the patella and on both the medial and lateral sides of his knee. He has not had any injections or physical therapy on his right knee. On a physical exam dated 7/7/2014, there is mild tenderness over the superolateral aspect of patella, and tenderness to palpation over his medial joint line but has some mild lateral joint line tenderness as well. The diagnostic impression shows right knee medial meniscus tear, right knee bipartite patella. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/5/2014 denied the request for physical therapy 2x/week for 6 weeks for right knee, stating that the patient has had 6 sessions of physical therapy to date, and an additional 3 visits would be appropriate, since guidelines recommend 9 visits over 8 weeks for tear of medial/lateral cartilage/meniscus of knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2 Times A Week for 6 Weeks for The Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE CHAPTER American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG recommends 9 visits over 8 weeks for tear of medial/lateral cartilage/meniscus of knee. However, in the 7/7/2014 progress report, there were no discussion of objective functional goals intended from physical therapy visits. The 7/7/2014 progress note indicates that this patient has not had any previous physical therapy for the knee; however, there was rationale provided regarding why this patient requires 12 initial sessions, when guidelines clearly support only 9. Therefore, the request for physical therapy 2 times a week for 6 weeks was not medically necessary.