

Case Number:	CM14-0139481		
Date Assigned:	09/05/2014	Date of Injury:	08/10/2012
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

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, 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 37-year-old female with a date of injury of 08/10/2012. The listed diagnosis is unspecified internal derangement of knee. According to progress report 04/22/2014, the patient is status post left knee arthroscopic partial medial meniscectomy approximately 6 months ago. The patient reports less pain following surgery, but unfortunately, she is now experiencing different symptoms including the feeling of "giving way" and a popping sensation with pain in the lateral aspect of her knee. Examination section notes, "Positive significant findings are noted to be more severe today." The treater is requesting additional physical therapy 2 times a week for 5 weeks for the left knee. Utilization review denied the request for physical therapy on 08/10/2013. Treatment reports from 02/04/2014 through 04/22/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xweek for 5 weeks for the Left knee: Overturned

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

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

Decision rationale: This patient is status post left arthroscopic partial medial meniscectomy on October 2013. Treater reports patient has new set of symptoms including giving way and popping of the left knee. He is requesting physical therapy 2 times a week for 5 weeks. This patient is outside of the postsurgical physical medicine time frame. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file does not include prior physical therapy treatment history. Utilization review denied the request stating, "The patient lacks significant objective functional deficit, with no documentation to show why the patient would not be able to address any minimal functional deficits to a home exercise program." The treater notes the patient has new set of symptoms including giving way and popping of the knee. Given such, a course of physical therapy 2 times a week for 5 weeks to address the patient's new complaints is reasonable. Therefore, this request is medically necessary.