

Case Number:	CM14-0150817		
Date Assigned:	09/19/2014	Date of Injury:	12/08/2012
Decision Date:	11/12/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Pain Management 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 27 years old female with an injury date on 12/08/2012. Based on the 08/04/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post right knee arthroscopy in May 18, 2013. Probable recurrent medial meniscus tear, right knee. According to this report, the patient complains of occasional right knee pain with numbness, throbbing and aching. Pain is rated as a 4/10. Squatting, long period of sitting and frequent walking, kneeling down or climbing up stairs would aggravate the pain. Rest, medication, and ice would alleviate the pain. Physical exam reveals positive right Mc Murray and Aply's compression test. Tenderness and swelling is noted at the medial joint lines of the right knee. Range of motion is decreased. There were no other significant findings noted on this report. The utilization review denied the request on 08/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/29/2014 to 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical therapy 1x week x 4 weeks for the right knee: Overturned

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

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

Decision rationale: According to the 08/04/2014 report by [REDACTED] this patient presents with occasional right knee pain with numbness, throbbing and aching. The provider is requesting 4 sessions of physical therapy for the right knee "to strengthening and relief of symptoms while she await a second knee surgery." The patient is status post right knee arthroscopy on 05/18/2013 and is outside of post-surgical time-frame and for therapy treatments. Per provider, the patient "has completed 21-postop physical therapy sessions and continues with pain and disability. A repeat right knee MRI on 03/12/2014 reveals a medial meniscus tear and a second knee surgery was recommended." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. In this case, the patient continues to have pain and disability of the right knee waiting for surgery. The requested 4 sessions of therapy to strengthen the muscles and improve cardiovascular function appear medically reasonable. Recommendation is medically necessary.