

Case Number:	CM14-0162017		
Date Assigned:	10/07/2014	Date of Injury:	09/22/2011
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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 40 years old male with an injury date on 09/22/2011. Based on the 09/08/2014 progress report provided by [REDACTED], the diagnosis is: 1. Left medial meniscus tear. According to this report, the patient complains of left knee pain with inflammation at the end of the day. The treater indicates "4/3/14 L. knee arthroscopic partial (50%) medical meniscectomy: 19 PT." Physical exam reveals mild antalgic gait favoring LLE, decreased range of motion of the left knee. Mc Murrays test is positive. Motor strength of the left quad is a 4+/5. Tenderness is noted over MJL. There were no other significant findings noted on this report. The utilization review denied the request on 09/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/11/2014 to 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Frequency Unspecified, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 98, and 99.

Decision rationale: According to the 09/08/2014 report by [REDACTED] this patient presents with left knee pain with inflammation at the end of the day. The treater is requesting 6 sessions of physical therapy for the left knee. The patient is status post left medial meniscectomy on 04/03/2014 and is outside of post-surgical time-frame and for therapy treatments. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show that the patient completed 19 sessions; time-frame for these treatments are not clear. There were no therapy reports and there is no discussion regarding the patient's progress. The treater does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Furthermore, the requested 6 sessions plus the 19 sessions the patient completed exceed what is allowed by the guidelines. Recommendation is for denial.