

Case Number:	CM14-0164556		
Date Assigned:	10/09/2014	Date of Injury:	05/27/2011
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 Texas. 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 69 year old male who was injured on May 27, 2011 due to cumulative trauma while performing normal job duties. Prior treatment history included Omeprazole, Simvastatin, Metformin, Tramadol, Theratramadol, Hydrocodone/APAP, acupuncture and physical therapy. Prior surgeries included left knee meniscectomy on July 14, 2014 and ORIF in the right hand in 1980. According to the UR, MRI of the left knee dated October 27, 2011 showed tear of the body of the medial meniscus and tricompartmental chondromalacia with large joint effusion. Re-evaluation report dated August 25, 2014 documented the patient to have complaints of right knee pain (rated 8/10) and left knee pain (rated 4/10). Objective findings on examination of the right knee included tenderness to palpation, and positive McMurray's test. ROM of the right/ left knee was as following; flexion 125/130 degrees and extension 5/0 degrees. The patient was diagnosed with lumbar spondylosis, right knee internal derangement, possible left knee medial meniscus tear, and status post left knee surgery. The treating physician requested physical therapy 2X4 for the left knee, IM consultation, MRI without contrast of the right knee, right knee OPA surgery. Prior Utilization Review dated September 9, 2014 denied the request for 8 visits physical therapy for the left knee because there was no documentation of the number of visits or the response to the previously authorized postoperative physical therapy sessions. They recommended the patient to participate in home exercise programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy visits for the left knee: Upheld

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 Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS recommends that meniscectomy post-surgical physical therapy is to be for 12 visits over 12 weeks. The medical records on re-evaluation reports dated July 28, 2014 and May 19, 2014 documented that the patient was engaged in physical therapy, however, no medical records provided to document the number of visits or the response. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.