

Case Number:	CM14-0185872		
Date Assigned:	11/13/2014	Date of Injury:	03/15/2013
Decision Date:	12/22/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/07/2014

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, 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 43-year-old female with a date of injury of 03/05/2013. According to progress report 09/25/2014, the patient complains of bilateral knee pain and instability. This patient is status post arthroscopic partial lateral meniscectomy of the right knee on 11/27/2013. The patient reports giving away without swelling in the right knee and swelling and giving away in the left knee. Examination of the right knee revealed full range of motion producing some lateral pain at the limit of flexion. There is severe quadriceps weakness noted. The tibiofemoral joint line demonstrated severe lateral tenderness to palpation and moderate crepitus and lateral compression pain is documented on McMurray's. Examination of the left knee revealed full range of motion without pain with severe quadriceps weakness noted. Tibiofemoral joint line demonstrated moderate medial and lateral tenderness to palpation. The listed diagnoses are: 1. Sprain lateral collateral ligament of right knee, status post-surgical repair. 2. Complete tear of the anterior cruciate ligament of the left knee status post reconstruction. 3. Sprain, right knee. 4. Sprain, left knee. 5. Internal derangement of medial meniscus of knee, left, possible, doubt. 6. Internal derangement of lateral meniscus of knee, right, possible. 7. Internal derangement of lateral meniscus of knee, left, possible, doubt. The provider is requesting physical therapy 8 times for the bilateral knees. Utilization review denied the request on 10/06/2014. Treatment reports from 04/09/2014 through 09/25/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 visits- bilateral knees: Upheld

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

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

Decision rationale: This patient presents with chronic bilateral knee pain. This patient is status post right knee surgery on 11/27/2013. The current request is for physical therapy x8 visits - bilateral knees. The patient is outside of the postsurgical timeframe. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 visits over 8 weeks. There is only one physical therapy progress report provided for review dated 04/14/2014. This report indicates that the patient has had 37 cumulative physical therapy sessions. "With current episode of 18 sessions with 4 sessions missed." It was noted that the patient's overall progress is slower than expected and recommendation was made for additional 8 sessions to "focus on hamstring strength." Physical therapy progress report from 04/14/2014 indicates that the patient is performing home exercise on a daily basis, but additional physical therapy sessions are requested to focus on hamstring strength. In this case, the provider does not provide a rationale as to why the patient is unable to focus on any residual symptoms in a self-directed home exercise program. Furthermore, the provider's request for 8 additional sessions exceeds what is recommended by MTUS. Therefore, physical therapy x 8 visits- bilateral knees is not medically necessary and appropriate.