

Case Number:	CM14-0022336		
Date Assigned:	02/26/2014	Date of Injury:	03/13/2012
Decision Date:	07/24/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 53-year-old female with a 3/13/12 date of injury, when she struck her right knee on a steel pole. The patient has complaints of knee pain with giving way. 1/14/14 Progress note requested PT. 1/8/13 note described ongoing knee pain, with medial joint line tenderness and full range of motion. Additional PT was requested. 8/27/13 AME concluded that the patient should have access to medical care in the future, consisting of orthopedic evaluation, oral anti-inflammatory medications/oral analgesics, and an abbreviated course of PT. Prior treatment has included right knee arthroscopy, partial medial meniscectomy, and chondroplasty of the medial femoral condyle (11/5/12), postoperative PT x18, left knee arthroscopy (2001), activity modification, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 ON THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2. General Approaches Page(s): 114. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: Medical necessity for the requested PT is not established, as guideline criteria is not met. The patient underwent surgery for the right knee and 18 sessions of postoperative therapy. This request previously obtained an adverse determination due to lack of documented functional improvement from prior PT. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, functional limitations, and functional improvement from prior treatment. However, there remains no documentation of functional improvement from extensive prior PT. Physical Medicine Guidelines allow for fading of treatment frequency. Recommend non-certification.