

Case Number:	CM14-0025766		
Date Assigned:	06/13/2014	Date of Injury:	01/21/2012
Decision Date:	07/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 injured worker is a 26-year-old male who reported an injury on 01/21/2012. The mechanism of injury was a fall. The injured worker's current diagnosis includes sprain and strain of unspecified site of the knee and leg. He is status post a right knee meniscectomy with complete synovectomy on 11/06/2013. His previous treatments include physical therapy. The most recent clinical note dated 01/20/2014. his symptoms were pain and persistent clicking to the right knee. He rated his pain at an 8/10 at the end of the day, but was usually down to a 5/10 at rest. The current request is for physical therapy 2 times a week for 4 weeks for the right knee to decrease pain, increase strength, decrease swelling, and to demonstrate good balance and a normal gait on multiple surfaces without devices. The current request is for physical therapy 2 times a week x4 for the right knee. A Request for Authorization Form was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK X 4 WEEKS RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, postop physical therapy is recommended for dislocation of knee, tear of medial/lateral cartilage/meniscus of the knee at 12 visits over 12 weeks with a duration time of 6 months. The clinical documentation provided for review showed that the injured worker had completed 20 authorized visits of physical therapy. However, there was limited evidence of significant functional gains, as well as decreased pain intensity as a result of the prior therapy. The guidelines indicate that patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. As there had been no significant change in the clinical presentation, transition to a home exercise program is recommended. Therefore, the injured worker does not meet the criteria for physical therapy 2 times a week x4 weeks right knee at this time. As such, the request for physical therapy 2 x week x 4 weeks right knee is not medically necessary and appropriate.