

Case Number:	CM14-0026394		
Date Assigned:	06/13/2014	Date of Injury:	11/27/2010
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 34 year old male who reported an injury in which the nature and mechanism are unknown on 11/27/2010. The unknown injury was to his right knee. There are very little historical data included with the submitted documents but there is a notation of an MRI of the right knee on 04/03/2012 with no results included in the documentation. In a report dated 02/04/2014, right knee arthroscopy performed on 11/02/2011 included meniscectomy, chondroplasty, synovectomy and possible lateral release patella and possible removal of loose bodies. His complaints were right knee pain, rated 6/10. On 11/19/2013 this worker was diagnosed with status post right knee arthroscopy. It was noted the he had 12 post-operative physical therapy visits with improvement. His medications included tramadol 50 mg and tizanidine 4 mg. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 01/20/14).

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

Decision rationale: This 34 year old injured worker reported an unknown injury on 11/27/2010. He had a right knee arthroscopy on 11/02/2011. He attended 12 post-operative physical therapy sessions with noted progress. On 02/04/2014 he complained of continued right knee pain. CA MTUS recommends that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and to alleviate discomfort. It further recommends that patients are instructed and expected to continue active therapies at home as an extension of the therapy to maintain improvements. The recommended number of visits for myalgia and myositis, unspecified is 9-10 visits over 8 weeks. This request exceeds the allowable number of visits. The worker already had 12 post-operative physical therapy visits. For these reasons and the lack of comprehensive documentation to justify this request, the request for physical therapy 2 times per week for 6 weeks to right knee is not medically necessary.