

Case Number:	CM14-0027010		
Date Assigned:	06/18/2014	Date of Injury:	05/03/2012
Decision Date:	08/04/2014	UR Denial Date:	01/30/2014
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 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 28 year old female with an injury date of 05/03/2012. The listed diagnoses per [REDACTED] dated 01/08/2014 are: right knee medial meniscus tear; contracture right knee; right knee patellar tilting; painful scar right knee; right knee status post arthroscopy with partial medial meniscectomy; right knee status post medial meniscus tear; low back pain secondary to antalgic gait. According to this report, the patient complains of right knee pain. There was tenderness at the posterior superior iliac crest and muscle spasm at the paralumbar muscles. McMurray test was positive. On 10/03/2013, the patient had a complex tear of the right, medial meniscus repair and a right Chondromalacia; medial femoral condyle and lateral tibial plateau. There were no other significant findings noted on this report. The utilization review denied the request on 01/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/13/2013 to 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL POST-OPERATIVE 18 PHYSICAL THERAPY TREATMENTS (3 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

Decision rationale: The treater is requesting post-operative 18 physical therapy treatments (3 times a week for 6 weeks). The patient is status post knee surgery on 10/03/2012 and is currently outside of the post-operative time frame. The MTUS Chronic Pain Guidelines recommends for myalgia and myositis type symptoms 9-10 physical therapy visits over 8 weeks. The medical records provided for review did not indicate the patient has had any physical therapy sessions. The treater does not provide any information regarding goals and progress from therapy. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. In this case, if the patient did not have any recent therapy, a short course may be warranted but the requested 18 sessions exceeds what is allowed by the MTUS Guidelines. As such, the request is not medically necessary and appropriate.