

Case Number:	CM14-0031114		
Date Assigned:	06/20/2014	Date of Injury:	06/27/2012
Decision Date:	10/03/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Family 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 63-year-old male who has submitted a claim for Tear of medial cartilage or meniscus of knee associated with an industrial injury date of July 27, 2012. Medical records from 2012 through 2014 were reviewed. There was no recent progress note on the records provided. The most recent was from January 1, 2014. According to the UR, the patient complained of pain in the lumbosacral spine area with intermittent radiation to the left lower extremity. Examination of the lumbosacral spine revealed some tenderness. There was slight muscle guarding and decreased ROM in the lumbosacral spine. Flip test was negative. Straight leg raise test was positive on the left. There was normal ROM of both hips and decreased left knee ROM for flexion. According to the UR, treatment to date has included medications, knee arthroscopy and 12 sessions of physical therapy. Utilization review from March 6, 2014 denied the request for Physical Therapy treatment to the lumbar spine and left leg for twelve sessions because the patient had completed 12 sessions of therapy of the left knee and leg and any additional therapy exceeds CA TUS recommendations already.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy treatment to the lumbar spine and left leg for twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend 12 visits over 12 weeks of post-operative physical therapy for dislocation of knee; tear of medial/lateral cartilage/meniscus of knee; and or dislocation of patella. In this case, the patient had undergone left knee arthroscopy on November 11, 2013. He had already undergone 12 prior post-op PT sessions and the provider was requesting for 12 more sessions. However, the requested number of visits will exceed the guideline recommended 12 visits and there was no provided rationale for going beyond the guideline recommendations. Moreover, it is not clear how significant was the patient's improvement as the reduction in pain scores and improvement in functional capability were not adequately described. Furthermore, it had been more than 6 months already since the patient's surgery; if this request is for another purpose, that purpose has not been clearly stated in this present request. In addition to that, inadequate information had been given regarding the lumbosacral complaint. There is no recent progress report to determine this patient's current status. Therefore, the request for Physical Therapy treatment to the lumbar spine and left leg for twelve sessions is not medically necessary.