

Case Number:	CM14-0046701		
Date Assigned:	07/18/2014	Date of Injury:	03/11/2010
Decision Date:	08/15/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 32 year-old female with the date of injury of 03/11/2010. The patient presents with pain in her right knee, mainly on the lateral aspect of the tibial plateau. She underwent an anterior cruciate repair and partial meniscectomy on 06/01/2010. She had debridement, synovectomy and arthroscopic surgery of her right knee on 10/04/2011. She still complains of having pain in her right knee with occasional numbness in her right leg. There is no list of diagnoses provided. ██████████ requested physical therapy 2 times a week times 6 weeks for the right knee. The utilization review determination being challenged is dated on 03/07/2014. ██████████ is the requesting provider, and he provided treatment reports from 10/28/2013 to 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The patient presents with pain in her right knee and numbness in her right leg. The patient is status/post ACL and meniscal repair from 6/1/10 and arthroscopic debridement/synovectomy from 2011. The patient is outside of post-operative time frame for this request. The request is for physical therapy 2 times a week for 6 weeks for the right knee from 2/18/14. For treatment history, this report states that the patient had physical therapy after each surgery without much benefit. For therapy treatments, MTUS guidelines recommend 9-10 sessions for myalgia/myositis, the type of condition this patient suffers from. [REDACTED] states that The patient is young and this request is certainly worth a try. However, there is lack of evidence that therapy has been helpful in the past. The treating physician does not explain change in the patient's clinical presentation that would warrant another trial of therapy. Furthermore, the current request for 12 sessions exceed what is recommended per MTUS guidelines. Given the above the request is not medically necessary.