

Case Number:	CM14-0053900		
Date Assigned:	07/07/2014	Date of Injury:	02/02/2012
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 54 year-old with a date of injury of 02/02/12. A progress report associated with the request for services, dated 03/05/14, identified subjective complaints of occasional soreness in the mid back. The knee was noted to be better. Objective findings included a thoracic trigger point. Flexion was noted to be "good". There was an unclear reference to the knee (handwritten). Diagnoses included thoracic strain with trigger point. He underwent a knee arthroscopy on 01/03/14 with meniscectomy and chondroplasty. Treatment had included 18 prior sessions of physical therapy on the knee. A Utilization Review determination was rendered on 04/10/14 recommending denial of "Physical therapy Thoracic Lumbar, left knee #9 sessions".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy Thoracic Lumbar , left knee #9 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11, 24.

Decision rationale: The current request is for additional physical therapy. The California MTUS Postsurgical Guidelines for meniscectomy of the knee include a general course of therapy of 12 visits over 12 weeks, with a postsurgical physical medicine treatment period of 6 months. An initial course of therapy should be tried, which is one-half the number of visits specified in the general course of therapy. Then, with documentation of functional improvement, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy. The Guidelines also specify that after completion of the general course of therapy, if it is determined that additional functional improvement can be accomplished; physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient has received 18 sessions, which exceeds the guidelines. Additionally, the Guidelines note: "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy." Therefore, the request is not medically necessary and appropriate.