

Case Number:	CM14-0055972		
Date Assigned:	07/09/2014	Date of Injury:	12/07/2012
Decision Date:	08/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/25/2014

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 Pain Management 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:

This is a patient with a date of injury of December 7, 2012. A utilization review determination dated April 22, 2014 recommends noncertification for 12 additional sessions of physical therapy for the knee. A physical therapy reevaluation dated July 2, 2014 identifies 1/10 pain as the worst which is occasional in timing. Physical examination reveals a normal gait with mild tenderness in the back of the left knee. The patient is independent with functional mobility. The treatment goals recommend increasing strength, increasing active range of motion, and restoring prior function. Treatment is recommended 2 days a week for 4 weeks. Range of motion is noted to be normal and strength is noted to be 4+/5. A progress report dated May 23, 2014 identifies subjective complaints of ongoing left knee pain. The note indicates that physical therapy is helping with increased range of motion and less pain. Objective examination findings identify tenderness at the left knee with pain upon active extension/flexion of the left knee. The diagnoses include history of medial meniscus tear status post surgery and anxiety/depression secondary to pain. The treatment plan recommends a left knee injection, psych evaluation, and continue ultram and naproxen. A progress report dated May 21, 2014 indicates that the knee pain has improved with physical therapy with ongoing difficulty with squatting. Objective examination findings reveal 5/5 strength in quads/hamstrings. The treatment plan recommends physical medicine and acupuncture. A progress note dated February 26, 2014 identifies that the patient underwent knee surgery on November 7, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions for the left knee (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 12 physical therapy visits over 12 weeks for the postsurgical treatment of meniscus injuries. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has undergone previously. If the patient has not undergone previous physical therapy sessions, then a trial may be indicated. However, the currently requested 12 visits exceeds the number recommended as a trial by guidelines. If the patient has undergone therapy previously, then the current number added to what has already been provided exceeds the maximum number recommended by guidelines for this patient's diagnosis. Finally, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining functional deficits. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.