

Case Number:	CM14-0056239		
Date Assigned:	07/09/2014	Date of Injury:	06/12/2009
Decision Date:	09/12/2014	UR Denial Date:	04/07/2014
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 Management & Rehabilitation, has a subspecialty in Interventional Spine and 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:

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 43 year old female with an injury date of 06/12/09. Based on 03/28/14 progress report provided by [REDACTED], patient complains of ongoing left knee pain and ambulates with a limp. Physical exam: left knee shows tenderness to the medial joint line with crepitus throughout the range of motion. She has pain with range of motion, but can completely range her left knee. There is some mild effusion to the left knee but no instability. Diagnoses: 1. Left knee pain, status post arthroscopy (date unspecified) 2. Possible Medial Meniscus Tear, left knee (pending MRI) 3. Chondromalacia Patient is on Naproxen for anti-inflammatory effect and Norco for pain. [REDACTED] is requesting Physical Therapy 3 x 4 weeks for the left knee. The utilization review determination being challenged is dated 04/07/14. The rationale is that guidelines recommend patient transition to a home exercise program. [REDACTED] is the requesting provider, and he provided treatment reports from 12/21/12 - 03/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the left knee: Upheld

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

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

Decision rationale: The patient presents with left knee pain, possible meniscus tear and chondromalacia. The patient had knee surgery in the past but appears to have been from several years ago. The request is for Physical Therapy 3 x 4 weeks for the left knee and post-operative time frame does not apply. For non-post-op therapy recommendations, MTUS pages 98 and 99 state to "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore, for "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." In this case, the requested 12 sessions of therapy exceeds what is allowed per MTUS. The provider does not discuss treatment history and why therapy is needed. There is no discussion regarding how the patient responded to therapy in the past and why home exercise is inadequate. Therefore, the request is not medically necessary.