

Case Number:	CM14-0056741		
Date Assigned:	07/09/2014	Date of Injury:	02/14/2011
Decision Date:	09/09/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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 57-year-old female who has submitted a claim for tear of lateral cartilage or meniscus of knee associated with an industrial injury date of February 14, 2011. Medical records from 2011 to 2014 were reviewed. The patient complained of right knee pain. Physical examination of the right knee showed tenderness to palpation laterally and valgus alignment. The diagnoses were right knee pain; status post-surgical arthroscopy of the right knee with partial lateral meniscectomy (August 12, 2011); possible recurrent tear lateral meniscal; and chondral loss, early OA lateral tibial plateau. Treatment plan includes a request for additional course of physical therapy. The treatment to date has included oral and topical analgesics, physical therapy, viscosupplementation injections, and right knee surgery. Utilization review from April 11, 2014 denied the request for physical therapy 2 times 6 of right knee because there is no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstance that would support continued physical therapy beyond guideline recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 6 weeks of Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical medicine treatment.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. ODG recommends 9 visits over 8 weeks for tear of medial/lateral cartilage/meniscus of knee. In this case, the patient has undergone 12 physical therapy sessions according to utilization review dated April 11, 2014. However, there was no objective evidence of overall pain improvement and functional benefits from physical therapy. Moreover, the guideline-recommended number of treatment sessions has already been exceeded. It is unclear as to why the patient is still not versed in home exercises. The medical necessity has not been established. There was no compelling rationale for continued physical therapy. Therefore, the request for Physical Therapy 2 times 6 weeks of Right Knee is not medically necessary.