

Case Number:	CM14-0062379		
Date Assigned:	07/11/2014	Date of Injury:	11/08/2013
Decision Date:	09/17/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 45-year-old male with a reported date of injury of 11/08/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include right knee medial meniscus tear, anxiety, resolved hematoma of the right calf, resolved sprain of the right thigh, and status post right subtotal medial meniscectomy. His previous treatments were noted to include medications and surgery. The progress note dated 03/25/2014 revealed the injured worker complained of moderate right knee pain and he had clicking and moderate right leg pain. The physical examination of the knee revealed the injured worker ambulated with a limp and he had about a 5 degree flexion contracture. The injured worker had tenderness on his punctures and there was grade 2 soft crepitus in his patella. His quadriceps was very weak with atrophy of about 3 cm. The range of motion to this knee was extension to flexion to the left knee was 0 to 110 degrees. The Request for Authorization form dated 03/25/2014 was for physical therapy 2 times per week times 6 weeks to the left knee for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x wk x 6wks Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 3/31/14), Physical Medicine Treatment.

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

Decision rationale: The request for physical therapy 2 times per week times 6 weeks to the left knee is not medically necessary. The injured worker had a meniscectomy to his knee in 01/2014. The Postsurgical Treatment Guidelines recommend for a meniscectomy, 12 visits over 12 weeks and the postsurgical physical medicine treatment period of 6 months. The documentation provided indicated the injured worker had been receiving physical therapy, however there is a lack of documentation with quantifiable objective functional improvements and number of sessions completed. The post-surgical period is 6 months and the injured worker had his surgery 01/2014 and is no longer in the post-surgical period. Therefore, due to the lack of quantifiable objective functional improvement and the unknown number of sessions completed, physical therapy is not appropriate at this time. As such, the request is not medically necessary.