

Case Number:	CM14-0065474		
Date Assigned:	07/11/2014	Date of Injury:	07/02/2013
Decision Date:	08/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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 Interventional Spine 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 39-year-old male with date of injury of 09/02/2013. The listed diagnoses per [REDACTED] dated 04/16/2014 are: 1. Medial meniscal tear. 2. Status post left knee arthroscopy from 12/06/2013. According to the progress report the patient complains of left knee pain. The patient states that he slipped and fell on 07/02/2013, and since then, has had severe knee pain as well as locking and swelling. He states that he is unable to walk for prolonged periods of time or walk on a slightly elevated hill without causing him pain and discomfort. The patient had 10 to 12 sessions of physical therapy which he states did help, but very little. The physical exam shows the patient is well nourished well developed in no apparent distress. The patient's gait is normal. There is mild swelling in the left knee. McMurray's test is positive on the left knee. Left knee in good alignment, no fractures or lesions noted. The Utilization Review denied the request on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy for the left knee, two (2) times per week for six (6) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 24.

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

Decision rationale: Per MTUS page 98 and 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy SOAP note dated 03/06/2014, visit 12 out of 12, notes the patient continues to report pain in the left knee and was able to tolerate the treatment well. The progress report dated 04/16/2014 documents that the patient attended 12 physical therapy sessions which helped, but very little. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function or improved quality of life. In this case, the patient received 12 physical therapy sessions recently and reports that they helped very little. In this case, the patient does not report significant functional improvement while utilizing physical therapy and continued treatment is not warranted. Therefore, Additional Physical Therapy for the Left Knee, two (2) Times per Week for Six (6) Weeks is not medically necessary.