

Case Number:	CM14-0066673		
Date Assigned:	07/11/2014	Date of Injury:	02/27/2012
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, 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 case involves a 59 year old female who sustained an injury on 02/27/2012. She had a left knee arthroscopy with partial medial meniscectomy on 12/18/2013. The progress report and request for authorization dated 04/03/2014 requesting physical therapy, the injured worker had constant left knee pain and swelling with any standing or walking. The objective findings were pain to palpation of superior aspect of patella, medial and lateral joint space. An MRI of 05/04/2012, revealed a tear of posterior horn and medial meniscus, and mucoid degeneration within the body of lateral meniscus. The report was available for review. The injured workers diagnosis was left knee myoligamentous injury and treatment included physical therapy. The number of previous physical therapy sessions cannot be determined. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - left knee, twice weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of left knee myoligamentous injury. In addition, there is documentation of status post left knee arthroscopy with partial medial meniscectomy on 12/18/13. However, there is no documentation of the number of physical therapy sessions provided to date. In addition, given documentation of previous physical therapy treatments, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy - left knee, twice weekly for 6 weeks is not medically necessary.