

Case Number:	CM14-0071781		
Date Assigned:	07/16/2014	Date of Injury:	03/02/2013
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 Nevada. 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 records presented for review indicate that this 33-year-old male was reportedly injured on 3/2/2013. The mechanism of injury is noted as a twisting injury. The most recent progress note, dated 4/28/2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated left knee range of motion 0 to 90 degrees, right knee tenderness at entire medial joint line, and range of motion 0 to 100 degrees. Diagnostic imaging studies include a previous left knee MRI (from 2013) which reveals a medial meniscal tear. Previous treatment includes eleven physical therapy visits, medications, and conservative treatment. A request was made for physical therapy, two times a week for six weeks (12 total) for the left knee; it was non-certified in the preauthorization process on 5/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 6 weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Knee & Leg (Updated 3/31/14) for Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-338.

Decision rationale: Guidelines support twelve visits of physical therapy over eight weeks after a knee injury. The claimant underwent eleven sessions of physical therapy, with four no-shows, and continues to complain of knee pain. He has failed to demonstrate any improvement in pain or function. The current request is for twelve sessions of physical therapy, which exceeds the guideline recommendations. As such, this request is not considered medically necessary.