

Case Number:	CM14-0087229		
Date Assigned:	07/23/2014	Date of Injury:	07/31/2013
Decision Date:	09/17/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/10/2014

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 Pain Medicine and Rehabilitation, has a subspecialty in Pain 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 45 year old male mechanic who sustained an industrial injury on 7/31/2013. According to the 5/16/2014 encounter note, the patient presents for follow up for left knee pain, rated 6/10. He is status post left knee medial and lateral meniscectomy on 12/06/2013. He is currently attending PT, and has attended 4 sessions at the current clinic. He has been told by the physical therapist that he should be seen 3 x week for 4 weeks to maximize strengthening. PT has been helpful so far, the patient notes some improvement in strength and endurance, but continues to have significant weakness and pain while working. He has not been able to return to work since his last appointment due to his supervisor not having access to his work restrictions. Currently only taking naproxen for pain. Only uses Norco for more severe pain (not daily). Swelling is the primary source of pain, which is adequately reduced with naproxen. Presently working full-time. Examination reveals antalgic gait, forward flexed posture, effusion of left knee, tender on the medial and lateral compartments. Diagnosis is knee pain. Patient instructed to continue exercises as tolerated. Work hours are decreased from 40 to 32 due to increased pain associated with longer work hours. Request is for PT 3 x week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the post-surgical treatment guidelines 12 PT sessions are recommended following knee meniscectomy. The patient underwent medial and lateral meniscectomy of the left knee in December 2013. The medical records indicate he has been attending PT, however, it is not clear how many sessions postoperatively, in total, the patient has attended to date. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is also not clear, given that the patient is approaching 9 months post surgery, whether significant residual deficits remain that cannot be addressed within the confines of a self-directed home exercise program. Given these factors, the medical necessity of 12 PT sessions has not been established. The request is non-certified.