

Case Number:	CM14-0088649		
Date Assigned:	07/23/2014	Date of Injury:	06/17/2012
Decision Date:	10/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/12/2014

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 63-year-old man was reportedly injured on August 17, 2012. The mechanism of injury is noted as a fall of approximately 3 feet. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of left knee pain and clicking. The physical examination demonstrated tenderness over the lumbar spine paravertebral muscles and decreased lumbar spine range of motion. There was a negative straight leg raise test. Examination of the left knee noted well-healed arthroscopy portals. There was tenderness over the medial and lateral joint line and pain with a McMurray's test. There was pain with patellar compression and 4/5 quadriceps strength. Range of motion of the left knee was from 0 to 110 degrees. A neurological examination indicated patchy decreased sensation over the entire left lower extremity. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee arthroscopy in physical therapy. A request had been made for physical therapy twice week for six weeks for the left knee, ankle, and foot and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 left ankle, foot, and knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical Therapy, Updated October 7, 2014.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that the injured employee should receive 12 visits of physical therapy after their knee surgery. A review of the attached medical record indicates that the injured employee has had previous left knee surgery followed by extensive physical therapy with improvement. There is no documentation that his symptoms have since changed or worsened and it is expected that at this point he has transitioned to a home exercise program. Considering this, the request for physical therapy twice week for six weeks for the left knee, ankle, and foot is not medically necessary.