

Case Number:	CM14-0089285		
Date Assigned:	09/19/2014	Date of Injury:	01/15/2013
Decision Date:	10/17/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Orthopedic Surgery 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 is a 61-year-old female who injured her bilateral knees on 02/14/13. The medical records provided for review document that the claimant has completed recently sixteen sessions of physical therapy up to the February 2014 time of left knee surgery. In February 2014, the claimant underwent a left knee arthroscopy with lateral meniscectomy. The postoperative documentation records document that the claimant has undergone twelve postoperative sessions of physical therapy. The report of the follow up examination on 05/27/14 noted continued complaints of pain beneath the kneecaps with left knee examination showing no acute findings and diminished knee flexion with gait. Examination of the right knee revealed peripatellar tenderness and an antalgic gait pattern. This review is for eight additional sessions of physical therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for eight additional sessions of physical therapy for the bilateral knees cannot be recommended as medically necessary. The medical records document that the claimant has already completed twelve sessions of physical therapy postoperatively for the left knee. There would be no indication of further physical therapy with transition to an aggressive home exercise program recommended. With regard to the claimant's nonsurgical right knee, it is noted that sixteen recent sessions of therapy had taken place up until the time of February 2014 surgery. While the claimant is noted to have continued complaints of pain on examination, there is no documentation of current clinical finding that would support the role of further physical therapy to the claimant's right knee. This is in direct relationship to the recent physical therapy that has already been performed to both knees including 16 sessions to the right and 28 sessions to the left. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.