

Case Number:	CM14-0090136		
Date Assigned:	07/23/2014	Date of Injury:	01/22/2002
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 Alabama. 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 66 year old male who was injured on 01/22/2002. The mechanism of injury is unknown. Prior medication history included Coumadin, Klor-con, Tramadol, Lyrica, and Loratadine. There are no diagnostic studies available for review. Progress report dated 04/25/2014 indicates the patient is having difficulty with sitting due to left knee pain as he is having a hard time straightening the leg. He also reported increased numbness in his feet. He is recommended for physical therapy to improve his range of motion of the legs especially the left knee. There are no documented measurable findings on exam. Prior utilization review dated 05/30/2014 states the request for physical therapy, 2 x per week x 6 weeks, for the left knee is denied as medical necessity has not been established.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic), Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), current online as of 9/2014, Knee disorders, Physical Medicine

Decision rationale: The above ODG guidelines state for knee disorders that physical medicine is recommended for "arthritis... medical treatment: 9 visits over 8 weeks... Tear of medial/lateral cartilage/meniscus of knee... medical treatment: 9 visits over 8 weeks, Post-surgical Meniscectomy): 12 visits over 12 weeks." In this case, the patient has MRI noted from note on 3/25/14 "January 23, 2008 - MRI left knee, abnormal with joint effusion, findings consistent with probable partial medial meniscectomy, degenerative changes versus tearing, posterior horn medial meniscus" and also "July 27, 2000 - history of left medial knee arthroscopy as per report of [REDACTED], February 9, 2001." Note on 4/25/14 notes "hard time straightening out the knee completely which is causing him a lot of issues and difficulty." There is no requirements in the guidelines to document range of motion, strength testing, or functional status, as noted above in guideline statements. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.