

Case Number:	CM14-0009489		
Date Assigned:	02/14/2014	Date of Injury:	10/13/2012
Decision Date:	03/19/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 injured worker is a 56 year old male who sustained an industrial related injury on 10/13/12. The injured worker had complaints of hip and left knee pain. Diagnoses included lumbar discopathy/radiculitis, rule out internal derangement of bilateral hips, and rule out internal derangement of the left knee. Physical examination findings included pain in tenderness in the posterolateral region of bilateral hips, reproducible pain in the L5 root, and distal lumbar spine and greater sciatic notch pain. Left knee pain in the anterior joint line space and anterior drawer test and posterior pivot shift test were negative. The utilization review (UR) physician noted treatment included left knee arthroscopic surgery with synovectomy, debridement, chondroplasty, removal of loose body, plica resection, lateral release, and partial medial/lateral meniscectomy on 10/9/13. The treating physician requested authorization for physical therapy 2x3 for the left knee. On 1/13/13 the request was non-certified. The UR physician cited the Medical Treatment Utilization Schedule and Official Disability Guidelines. The UR physician noted the injured worker had completed 16 physical therapy sessions and was authorized for 22. There is no clear indication for extension of skilled physical therapy prior to completion of all certified sessions. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X 3 LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical physical therapy - knee, page 24.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy sessions. MTUS guidelines state the following: "Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks *Postsurgical physical medicine treatment period: 6 months." The patient was previously approved for 22 sessions. According to the documentation provided the patient did not complete all 22 sessions. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy is NOT indicated as a medical necessity to the patient at this time.