

Case Number:	CM14-0132283		
Date Assigned:	09/29/2014	Date of Injury:	06/13/2012
Decision Date:	04/16/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 36 year old man sustained an industrial injury on 6/13/2012. The mechanism of injury is not detailed. Current diagnosis is internal derangement of the right knee. Treatment has included oral medications, bracing, and surgical intervention on 4/1/13 to the right knee with completion of post op therapy. Physician notes dated 7/15/2014 show complaints of pain to the knee. The worker has been referred for an orthopedic consultation. Significantly decreased range of motion is noticed. The knee is grossly stable. There is a negative anterior and posterior drawer sign and a negative Lachmann maneuver. There is a stable ligamentous exam. Recommendations include a new MRI of the right knee to evaluate for possible re-tear of the meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 2 weeks for the right knee: Upheld

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

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

Decision rationale: Physical therapy 3 times a week for 2 weeks for the right knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines transition to an independent home exercise program. The documentation is not clear on the amount and outcome of prior therapy or the rationale for the current therapy. The request for physical therapy is not medically necessary.