

Case Number:	CM14-0185971		
Date Assigned:	11/14/2014	Date of Injury:	10/22/2012
Decision Date:	01/02/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Management 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 case involves a male injured worker who sustained an injury on October 22, 2012. A Utilization Review dated October 27, 2014 recommended modification of physical therapy 2 times a week times 4 weeks for right knee to physical therapy 2 times a week times 2 weeks for right knee. An Orthopedic Follow-up dated October 17, 2014 identifies subjective findings identify pain 7/10. He still feels unstable without his knee brace. Physical Examination identifies weakness noted in the quadriceps and hamstrings, strength is 4/5 and range of motion is from 5 to 120 degrees. There is tenderness across the distal hamstring attachment. Assessment identifies status post right knee arthroscopy and hamstring tendinitis. Plan identifies continue with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Re-Evaluation, Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: Regarding the request for physical therapy 2 times a week for 4 weeks for the right knee, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions. However, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program. In light of the above issues, the currently requested physical therapy 2 times a week for 4 weeks for the right knee is not medically necessary.