

Case Number:	CM14-0207762		
Date Assigned:	12/19/2014	Date of Injury:	02/07/2014
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehabilitation 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 49 year-old patient sustained an injury on 2/7/14 while employed by. Request(s) under consideration include 6 Physical therapy of left knee, 2 times a week for 3 weeks. Diagnoses include left knee pain with quadricep tendinosis and meniscal tear s/p left knee arthroscopy on 7/17/14. Conservative care has included medications, therapy, E-stim, acupuncture, cortisone injection, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints and remains off work. Report of 11/12/14 from the provider noted the patient with continued knee pain. Exam showed unchanged findings of range in flex/ext of 110/0 degrees; no swelling seen; grade 1 effusion; negative Lachman's, drawer sign; negative McMurray's and varus/valgus stress testing; positive tenderness at left medial joint line. The request(s) for 6 Physical therapy of left knee, 2 times a week for 3 weeks was non-certified on 11/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy of left knee, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Knee; Table 2, Summary of Recommendations, Knee Disorders

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-15.

Decision rationale: Exam showed unchanged findings of range in flex/ext of 110/0 degrees; no swelling seen; grade 1 effusion; negative Lachman's, drawer sign; negative McMurray's and varus/valgus stress testing; positive tenderness at left medial joint line. The request(s) for 6 Physical therapy of left knee, 2 times a week for 3 weeks was non-certified on 11/20/14. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and possible meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 7 months without current documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy. The six physical therapy of left knee, 2 times a week for 3 weeks is not medically necessary and appropriate.