

Case Number:	CM14-0217957		
Date Assigned:	01/07/2015	Date of Injury:	09/10/2013
Decision Date:	07/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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:

The injured worker is a 35 year old male, who sustained an industrial injury on 9/10/13. He reported initial complaints of left knee injury. The injured worker was diagnosed as having lumbar spine sprain/strain; sciatica; left knee medial meniscus tear; stage II/III chondromalacia medial femoral condyle/medial tibial plateau; synovitis left knee. Treatment to date has included status post left knee arthroscopy (9/10/14); physical therapy post-surgery x12; medications. Diagnostics included x-rays left knee (3/4/15); x-rays lumbar spine (3/4/15). Currently, the PR-2 notes dated 12/10/14 indicated the injured worker complains of pain and grinding of the left knee. Some exercises aggravate the knee such as squatting. He is a status post left knee arthroscopy of 9/10/14. He also complains of low back pain and notes an abnormal gait. The knee pain is in the medial aspect of the left knee and described as "pressure sensation". He feels catching and is using a knee support. He has completed 12 visits of post-operative physical therapy. He documents the injured worker has pain with twisting, pivoting and has difficulty with stairs. His range of motion is 1-140. Objective findings document the left knee has minimal swelling, no crepitus but pain with terminal extension. He is positive for tenderness at the medial joint line but ligament exam is stable. The lumbar spine is positive for spasms on the left with range of motion 60% of normal. His straight leg raise is negative and pain with lateral bending. The provider's treatment plan includes a request for Euflexxa injections x3 to the left knee for stage II/III chondral disease and chiropractic therapy 8 visits for the lumbar spine to decrease spasms/pain. He has also requested authorization for 8 Additional Physical Therapy 2 times a

week for 4 weeks left knee for submitted diagnosis of status post Left Knee Arthroscopy as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy 2 times a week for 4 weeks left knee for submitted diagnosis of status post Left Knee Arthroscopy as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute.

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

Decision rationale: 8 Additional physical therapy 2 times a week for 4 weeks left knee for submitted diagnosis of status post left knee arthroscopy as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient is out of the post operative period. MTUS recommends up to 10 visits for this condition, however the documentation indicates that the patient continues to have significant pain and symptoms despite extensive knee therapy. The physical exam findings due not reveal extenuating circumstances that necessitate 8 more supervised therapy sessions over an independent home exercise program therefore the request for more physical therapy is not medically necessary.