

Case Number:	CM15-0139752		
Date Assigned:	07/29/2015	Date of Injury:	08/07/2014
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

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

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 43 year old male, who sustained an industrial injury on August 7, 2014. Treatment to date has included MRI of the left knee, surgical evaluation, and four sessions of physical therapy. Currently, the injured worker complains of left knee pain. He reports associated locking of the knee and swelling. He reports pain over the medial aspect of the knee in the back and in the front of the knee with some clicking upon range of motion. On physical examination the injured worker has a 2+ effusion of the left knee and mild discomfort to palpation at the medial joint line. He has significant restriction with range of motion and a positive McMurray's test. An MRI of the left knee in September, 2014 revealed a deficient inferior leaflet of the posterior horn of the medial meniscus and a small para-meniscal cyst. There was focal full-thickness chondral loss over the lateral femoral condyle and deep fissuring of the chondral surfaces of the patella. The diagnoses associated with the request include medial meniscus tear of the left knee. The treatment plan includes arthroscopic surgery and physical therapy to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatments 12 visits over 6 weeks for the 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 Physical Medicine Page(s): 99.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Furthermore, although meniscal surgery has been suggested, at the time of this request it has not been undertaken yet, and thus this a request for additional conservative care. Therefore, additional physical therapy is not medically necessary.