

Case Number:	CM15-0143111		
Date Assigned:	08/04/2015	Date of Injury:	10/11/2013
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 10-11-2013. He has reported injury to the left knee and low back. The diagnoses have included lumbar sprain-strain; left knee arthropathy, posterior cruciate ligament tear; chondromalacia of the patella; sprain and strain of cruciate ligament of knee; and status post arthroscopy of the left knee and meniscectomy, on 08-22-2014. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Gabapentin, Naproxen, Vicodin, Tramadol, and Ibuprofen. A progress note from the treating physician, dated 07-07-2015, documented a follow-up visit with the injured worker. The injured worker complains of constant left knee pain; he has completed 8 out of 8 sessions of physical therapy, being 30% better, and claims he is 25% better after left knee arthroscopy, but he is still unable to bend the left knee, walk, or stand more than 15-20 minutes; he has an orthopedic second opinion who recommended left knee cartilage and tendon repair surgery; the left knee pain is persistent; the pain floats with bending, rare buckling regardless of surgery and post-op physical therapy; he is unable to return to work; and the pain has a severe impact on his daily function capacity as well as sleep. Objective findings included gait with left antalgia; using cane held in right hand; lumbar spine range of motion is approximately 60% of expected; left knee with minimal edema; tenderness with flexion; the MRI of the lumbar spine, dated 12-22-2014, revealed annual tear at left L1-2, right L4-5, and right L5-S1; and MRI of the left knee, dated 05-01-2015, revealed 15 mm near full-thickness defect with prominent fibrosis-scarring within Hoffa's fat-pad, likely post-surgical change from previous arthroscopy. The treatment plan has included the request for physical therapy for the low back and left knee, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back and left knee, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 54.

Decision rationale: According to the guidelines, most knee surgeries including meniscectomy require 12 sessions over 12 weeks of physical therapy. In this case, the claimant is a year post-operative and completed 8 sessions of therapy. There is no indication that additional therapy cannot be completed at home. There was mention of another knee surgery but that had not been performed at the time of therapy request. The request for 8 sessions of therapy a year after surgery is not medically necessary.