

Case Number:	CM15-0168337		
Date Assigned:	09/09/2015	Date of Injury:	08/22/2013
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 63-year-old female, who sustained an industrial injury on 8-22-13. She reported a slip and fall accident which resulted in knee pain. The injured worker was diagnosed as having left knee medial meniscus tear status post repair on 2-19-14, left knee patellofemoral arthritis, chondromalacia patella, status post arthroscopic debridement and partial medial meniscectomy, and prior knee injury with right knee meniscus tear from 2008. Treatment to date has included approximately 18 physical therapy visits, a home exercise program, use of a knee brace, and medication. A physical therapy report dated 8-24-15 noted painful knee flexion and extension with medial joint line tenderness to palpation. On 3-19-15, the injured worker reported pain and weakness of the left knee, left knee giving way, and problems descending stairs. Currently, the injured worker complains of anterior left knee pain and gait disturbance. The treating physician requested authorization for 6 additional physical therapy visits. On 8-24-15 the request as non-certified, the utilization review physician noted, "the current request exceeds guideline recommendations for this clinical presentation of knee sprain."

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 additional physical therapy visits are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left knee medial meniscus tear, status post repair; left knee patellofemoral arthritis; chondromalacia patella; status post arthroscopic debridement and partial; and prior knee injury with right meniscus tear from 2008, permanent and stationary as of 2010. Date of injury is August 22, 2013. Request for authorization is August 17, 2015. There is no documentation from the requesting provider continue clinical indication, rationale for progress notes. The treating provider is [REDACTED]. According to the utilization review, a progress note dated August 17, 2015 was referenced. Subjectively the injured worker has left knee pain. Objectively, there was tenderness to palpation over the medial joint line. The injured worker received 15 postoperative physical therapy sessions. There is no compelling clinical documentation indicating additional physical therapy over the recommended guidelines is clinically indicated. Moreover, as noted above, there is no clinical indication or rationale from the requesting provider (no progress notes from the requesting provider). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation from the requesting provider, no clinical indication or rationale for additional physical therapy and no compelling clinical facts indicating additional physical therapy is clinically indicated, 6 additional physical therapy visits are not medically necessary.