

Case Number:	CM15-0190043		
Date Assigned:	10/02/2015	Date of Injury:	04/02/2014
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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 43 year old male who sustained an industrial injury on 04-02-2014. Current diagnosis included recurrent tear left medial meniscus. Report dated 09-08-2015 noted that the injured worker presented for follow up of left knee. Physical examination performed on 09-08-2015 revealed knee is getting better, little swelling and retropatellar pain, feels weak, +1 limp, guards, active range of motion is 0-115 degrees, and diffuse tenderness. Previous treatments included medications, medial menisectomy and loose body removal on 06-30-2015, 12 postoperative physical therapy sessions, and home exercise. The treatment plan included request for physical therapy 2 x 4 weeks, continue home exercise program, and recheck in 6 weeks. Physical therapy progress report dated 08-28-2015 indicates that the injured worker has completed 12 sessions. Recommendations included continued clinical care and continued progress is expected with additional care, recommend he continues 2 times per week for 6 weeks. The utilization review dated 09-17-2015, non-certified the request for continued physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue PT 2x4 Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continue physical therapy two times per week times four weeks to the left knee is 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 therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is recurrent tear left medial meniscus. Date of injury is April 2, 2014. Request for authorization is September 10, 2015. According to a September 8, 2015 progress notes, the injured worker status post left knee meniscectomy June 2015. The documentation indicates the injured worker received 12 physical therapy sessions. The injured worker received 70 - 80% improvement. The injured worker has resumed workouts at the gym. There are no compelling clinical facts indicating additional physical therapy over and above the recommended guidelines is clinically indicated. The workers also engaged in a home exercise program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation showing the injured worker has resumed workouts at the gym and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, continue physical therapy two times per week times four weeks to the left knee is not medically necessary.