

Case Number:	CM15-0194722		
Date Assigned:	10/08/2015	Date of Injury:	11/20/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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:

This is a 45 year old male who sustained a work-related injury on 11-20-14. Medical record documentation on 9-9-15 revealed the injured worker was being treated for left medial meniscal tear. He reported constant left knee pain, which increased with kneeling and squatting. He denied popping, clicking, walking and catching. Objective findings included positive tenderness to palpation over the medial joint line and the inferior aspect of the patella. His left knee range of motion was 130 degrees with flexion, and 180 degrees with extension. He had a positive Thessaly's test on the left. He completed at least five sessions of physical therapy from 4-23-15 through 5-6-15. He reported at his 5-6-15 physical therapy session that he did not have much pain at the left knee when at rest. He only reported pain with physical activity or kneeling. He had muscle guarding at the left quadriceps and hamstring which reduced by 30% with physical therapy. A request for six sessions of physical therapy for the left knee was received on 9-16-15. On 9-23-15, the Utilization Review physician determined six sessions of physical therapy for the left knee was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended; however, there are limits to the number of sessions and an expectation that physical therapy will direct the patient to a self-directed home exercise program. Regarding the specific number of approved sessions, these guidelines state the following: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has already received a course of physical therapy; however, it is unclear how many sessions have been provided. Further, there is insufficient documentation as to the outcomes of these sessions with regard to functional improvement and pain control. Given the lack of documentation, there is insufficient evidence to support the request for 6 additional sessions of physical therapy to the left knee. This is not medically necessary.