

Case Number:	CM15-0021440		
Date Assigned:	02/11/2015	Date of Injury:	06/16/2014
Decision Date:	04/07/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 44 year old man sustained an industrial injury on 6/16/2014. The mechanism of injury was not detailed. Current diagnoses include derangement of right knee with partial thickness medial meniscal tear and bone bruise in the lateral compartment. Treatment has included oral medication. Physician notes dated 12/11/2014 show that the worker is awaiting approval of physical therapy, as he is not noticing improvement with the home exercise program. Recommendations include evaluation with a knee specialist to discuss arthroscopy, exercises to improve range of motion and strengthening, and physical therapy. On 1/7/2015, Utilization Review evaluated a prescription for an additional 12 sessions of physical therapy for the right knee, that was submitted on 2/4/2015. The UR physician noted the worker has already completed 24 sessions of physical therapy, which exceeds recommendations. There is documentation of near normal strength and range of motion and he is independent performing a home exercise program. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 Time A Week for 12 Weeks to The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Knee, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."Per the ODG guidelines: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. The documentation submitted for review indicates that the injured worker has already completed 12 sessions of physical therapy for his diagnosis of derangement of right knee with partial thickness medial meniscal tear and bone bruise in the lateral compartment. There is documentation of near normal strength and range of motion and that the injured worker is independent performing a home exercise program.