

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0210101 | | |
| Date Assigned: | 10/29/2015 | Date of Injury: | 02/01/2010 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 50 year old male who sustained an industrial injury on February 1, 2010. Medical records indicated that the injured worker was treated for left knee pain. His medical diagnoses include left knee meniscal tear and left knee chondromalacia patella and status post left knee arthroscopy, left knee partial medial meniscectomy and chondroplasty of the femoral groove with microfracture technique. In the provider notes dated July 27, 2015, to September 30, 2015, the injured worker complained of constant left knee pain. He rates his pain 9.5 on the pain scale. He states his knee is unstable and has fallen to the ground twice. He complains of back pain due to walking with a limp and walks with a cane. His symptoms are aggravated by prolonged standing and walking especially on uneven surfaces and stair climbing. He rates his back pain 9.5 on the pain scale. His pain radiates down his leg and is "giving me an electrical shock." On exam, the documentation noted decreased range of motion with pain of the left knee. Patellar compression is positive. The documentation states, "He needs additional surgery and needs a new MRI of the left knee" and "he has had 2 surgeries to the same area and needs additional strengthening." He is unable to do home exercise program due to back and knee pain. The treatment plan is to continue medications, physical therapy, and psychiatric evaluation from loss of use of left knee. He has returned to work doing light duty which involves walking and standing. A Request for Authorization was submitted for left knee physical therapy 2 times a week for 4 weeks. The Utilization Review dated October 7, 2015, denied the request for left knee physical therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the left knee: 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, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: According to the MTUS guideline cited, physical medicine for postsurgical treatment of meniscectomy is 12 visits over 12 weeks, with a treatment period of 4 months. General physical medicine guidelines for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, he completed postoperative physical medicine per treating provider notes and would be expected to continue his active therapies at home as an extension of his treatment. Furthermore, the physical medicine notes were not available for review, but according to Utilization Review, he had 60 visits certified previously. Therefore, the request for left knee physical therapy 2 times a week for 4 weeks is not medically necessary and appropriate.