

Case Number:	CM15-0218213		
Date Assigned:	11/10/2015	Date of Injury:	08/31/2012
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female with a date of injury of August 31, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for derangement of the medial and lateral meniscus. An Agreed Medical Evaluation dated May 4, 2015 indicates that the injured worker complained of left knee pain with popping, cracking, swelling, locking, and buckling. A progress note dated October 8, 2015 documented complaints of chronic left knee pain with popping, clicking, and instability during ambulation. Per the treating physician (October 8, 2015), the employee was working. The physical exam dated May 4, 2015 reveals a slightly antalgic gait favoring the right leg, 14 degree valgus position of the left knee, ability to squat and duck walk bilaterally, decreased range of motion of the knees right greater than left and decreased motor strength in the left quadriceps. The progress note dated October 8, 2015 documented a physical examination that showed discomfort and pain with range of motion of the left knee, patellar crepitus, and medial and lateral joint line tenderness. Treatment has included medications (Norflex) and exercise. Magnetic resonance imaging of the left knee (June 17, 2015) showed osteoarthritic changes of the knee involving all three knee compartments, a multidirectional tear of the anterior horn and body of the lateral meniscus, and a horizontal cleavage tear of the posterior horn. The utilization review (October 29, 2015) non-certified a request for twelve sessions of physio 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:

Physio-therapy 3x4 for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The medical records indicate that the patient has ongoing left knee pain, with catching, locking and instability. The current request for consideration is physiotherapy 3 x 4 for the left knee. The 11/5/15 progress report indicates the physical therapy requested was to be post-operative following left knee arthroscopy. The CA MTUS does recommend physical therapy for knee injuries and for post-operative meniscectomy. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks is recommended. Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. In this case, the records do not indicate if the patient has been authorized for arthroscopic knee surgery as was previously requested. The appropriateness of the current request cannot be determined at this time until a decision has been made on the request for arthroscopic knee surgery. So while post-operative physical therapy is appropriate, there is no indication that arthroscopic knee surgery has been certified. As such, medical necessity cannot be established at this time. The request is not medically necessary.