

Case Number:	CM15-0050272		
Date Assigned:	03/23/2015	Date of Injury:	11/13/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 11/13/2013. Diagnoses have included tear of medial cartilage of meniscus of knee, stiffness of joint and pain in joint lower leg. Treatment to date has included physical therapy and steroid injection. The injured worker underwent left knee synovectomy and chondroplasty on 4/28/2014. According to the progress report dated 2/18/2015, the injured worker complained of left knee pain rated 3/10. Associated symptoms were swelling, popping/clicking and numbness in left foot. She was six months status post steroid injection for her left medial meniscal tear which gave her 90%, but lasted only two days. Physical exam revealed a minimally antalgic gait favoring her left lower extremity. The physician recommendation was for physical therapy to help regain full function of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6 Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: The patient presents with LEFT knee pain rated 3/10. The request is for PHYSICAL THERAPY 3X6 LEFT KNEE. The RFA provided is dated 02/24/15. Patient is status post left knee synovectomy and chondroplasty as of 4/28/14. Patient's diagnosis included tear of medial cartilage of meniscus of knee, stiffness of joint and pain in joint lower leg. The patient is to continue full duty as tolerated. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." MTUS post-surgical guidelines, pages 15-17, recommend 24 visits of PT over a span of 14 weeks. The post-operative time frame is six months. Review of the medical records provided indicates that the patient has completed 14 post-op PT sessions as of 09/30/14. Treater is requesting 18 additional sessions of physical therapy to help the patient regain full function; however, does not elaborate on why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, the requested 18 additional sessions along with the 14 sessions already authorized exceed what is allowed per MTUS. Therefore, the request IS NOT medically necessary.