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| Case Number: | CM15-0080923 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 05/05/2013 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 5/5/13. The injured worker has complaints of constant knee pain localized to knee cap and medial knee. The diagnoses have included right knee, derangement of posterior horn of medial meniscus. Treatment to date has included status post right medial meniscus on 1/5/15; magnetic resonance imaging (MRI) of the lumbar spine and chiropractic treatment. The request was for physical therapy 2x Wk x 6 Wks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x Wk x 6 Wks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ODG, Knee Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, CA MTUS supports up to 12 sessions after meniscectomy. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the provider noted that the patient had completed 6 of 12 authorized sessions, and 12 additional sessions would be requested. The patient had objective improvement with those initial sessions, but there is no clear rationale for additional therapy beyond the 12 sessions recommended by the guidelines. In light of the above issues, the currently requested physical therapy is not medically necessary.