

Case Number:	CM14-0117190		
Date Assigned:	08/08/2014	Date of Injury:	03/10/2014
Decision Date:	09/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old female with a 3/10/14 injury date. She pivoted and injured her left knee when going to grab something off of a shelf. She has returned to full duty as of 12/2013. In a follow-up on 7/01/14, subjective complaints include left knee pain, occasional swelling, and a severity of 6/10. Objective findings include full left knee extension, no effusion, tender medial joint line, pain with forced flexion, and no motor or sensory deficits noted. A left knee MRI on 4/2014 showed a horizontal tear of the medial meniscus. After 12 sessions of physical therapy did not provide significant relief, left knee arthroscopic surgery was recommended. This surgery is apparently still pending even though a request for 6 additional sessions of PT was placed. Diagnostic impression: left knee strain, left knee medial meniscus tear. Treatment to date: multiple knee arthroscopies prior to latest injury, medications, physical therapy (12 sessions) without relief. A UR decision on 7/10/14 denied the request for left knee physical therapy on the basis that home exercise has not been tried and prior physical therapy was not successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions - Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)Official Disability Guidelines (ODG): Knee Chapter.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 9 physical therapy sessions over 8 weeks for the medical treatment of meniscal disorders. This patient has already had 12 sessions with no documented relief and is also apparently considering surgery. Therefore, the request for 6 physical therapy sessions, left knee, is not medically necessary.