

Case Number:	CM14-0123718		
Date Assigned:	08/08/2014	Date of Injury:	01/12/1998
Decision Date:	10/09/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 Internal Medicine, 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:

The injured worker is a 62 year old female who reported an injury on 01/12/1998. The mechanism of injury was not indicated within the medical records. The injured worker was diagnosed with bilateral joint pain leg, tear lateral meniscus bilateral knees, and bilateral pain in limb. The injured worker was treated with injections, bracing, and medications. The medical records did not indicate diagnostic studies. The injured worker had right knee lateral meniscectomy, chondroplasty, removal of intra-articular screw, right ACL reconstruction, recurrent right lateral meniscal tear repair, and left meniscectomy; dates not provided. On the clinical note dated 07/18/2014, the injured worker complained of right knee pain rated 8/10 and left knee pain rated 6/10. The injured worker had extension of the knees at 180 degrees on the right and left, and flexion of the knees at 125 degrees on the right and 130 degrees on the left. The injured worker was prescribed Percocet 7.5mg, Flexeril 10mg, Lunesta 2mg and Lidoderm patch. The treatment plan was for physical therapy 2-3 weeks x 3-4 weeks for the right knee. The rationale for the request was not provided. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 Weeks x 3-4 Weeks for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 474.

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

Decision rationale: The request for Physical Therapy 2-3 Weeks x 3-4 Weeks for the Right Knee is not medically necessary. The injured worker is diagnosed with bilateral joint pain leg, tear lateral meniscus bilateral knees, and bilateral pain in limb. The injured worker complains of right knee pain rated 8/10 and left knee pain rated 6/10. The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits over 8 weeks. The injured worker had extension of the knees at 180 degrees on the right and left, and flexion of the knees at 125 degrees on the right and 130 degrees on the left. Within the documentation it is noted the injured worker is status-post right knee meniscectomy; however, the date of the surgery is not indicated. There is a lack of documentation indicating whether the injured worker previously had physical therapy, as well as the number of visits and the efficacy of any prior therapy. Additionally, the request does not indicate the number of visits. As such, the request for Physical Therapy 2-3 Weeks x 3-4 Weeks for the Right Knee is not medically necessary.