

Case Number:	CM14-0133968		
Date Assigned:	08/25/2014	Date of Injury:	04/24/2007
Decision Date:	10/23/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45-year-old female with an injury date of 04/24/2007. According to the 05/28/2014 progress report, the patient complains of having pain in her left knee. She remains permanent and stationary and ambulates with a less antalgic gait than before. She reports a decrease in her medial left knee and patellar pain, rating it as a 3-10/10. On 02/03/2014, the patient had an injection of the left knee with 2% lidocaine 2 mL, Kenalog 40 mg 1 mL, and Marcaine 5% 1 mL. She had a left knee arthroscopy in 2007 and another left knee arthroscopy debridement, partial medial meniscectomy, chondroplasty, 2 compartments on 10/15/2012. The patient's diagnoses include the following: 1. S/P left meniscectomy. 2. Degenerative joint disease. 3. Obesity. The utilization review determination being challenged is dated 08/06/2014. Treatment reports were provided from 12/16/2013 - 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x 3 for the left knee (9 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Physical medicine guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines state that for myalgia and myositis Page(s): 98-99.

Decision rationale: Based on the 07/21/2014 progress report, the patient complains of having left knee pain. The request is for additional physical therapy 3x3 for the left knee (9 visits). The utilization review letter states that "the patient has recently completed 9 sessions of physical therapy. It is noted that the patient was previously authorized additional physical therapy to allow for education in an independent home-based exercise program. The patient has attended a sufficient number of physical therapy sessions to have been educated in an independent home-based exercise program to maintain improvement levels." The dates these physical therapy sessions took place was not provided. MTUS Guidelines pages 98, 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. The utilization review letter states that the patient has completed 9 sessions of physical therapy and reports a notable decrease in her left knee from a 10/10 to a 3/10. It appears as well that this patient has had sufficient amount of physical therapy for her condition. Recommendation is for denial.