

Case Number:	CM14-0138253		
Date Assigned:	09/10/2014	Date of Injury:	12/05/2012
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology, has a subspecialty in Pain 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 42 year old male whose date of injury is 12/05/2012. The injured worker was blowing leaves on a beam and slipped causing him to twist his left knee and back. The injured worker underwent right knee arthroscopic partial medial meniscectomy on 06/03/13 followed by 27 postoperative physical therapy visits. Follow up note dated 09/05/14 indicates that right knee pain is 5/10 and low back pain is 3/10. Diagnoses are status post right knee surgery in June 2013, protrusion 3 mm L4-5 with bilateral foraminal stenosis, annular tear L4-5 and protrusion 2 mm L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Right Knee and Lumbar Spine 2x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Knee and Leg Chapter, Physical Therapy

Decision rationale: Based on the clinical information provided, the request for additional physical therapy right knee and lumbar spine 2 x 3 is not recommended as medically necessary.

The injured worker has undergone extensive physical therapy to date. There is no clear rationale provided to support additional physical therapy at this time, and there are no specific, time-limited treatment goals provided. There is no clear rationale as to why a home exercise program would be insufficient to address any remaining functional deficits. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines. The request for Additional Physical Therapy Right Knee and Lumbar Spine 2x3 is not medically necessary.