

Case Number:	CM14-0142390		
Date Assigned:	09/10/2014	Date of Injury:	07/24/2013
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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 Pain Management, 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 patient with a date of injury of July 24, 2013. A utilization review determination dated August 29, 2014 recommends noncertification of 12 visits of physical therapy. Noncertification is recommended since physical therapy was recently authorized and therefore the outcome of that physical therapy was unknown. A utilization review determination dated August 28, 2014 recommends certification for 8 physical therapy sessions for the lumbar spine for a diagnosis of pain in the lower leg joint. A surgical report dated June 3, 2014 indicates that the patient underwent medial meniscectomy with chondroplasty. A follow-up note dated June 11, 2014 recommends continued home therapy and starting formal physical therapy. A progress report dated July 2, 2014 indicates that the patient has been undergoing physical therapy for the knee. The treatment plan recommends continuing physical therapy. A progress note dated July 10, 2014 states that the patient has run out of physical therapy visits. Physical examination reveals crepitation throughout the range of motion with tenderness in the medial and lateral joint lines and slight posterior instability. The diagnoses include left posterior cruciate ligament tear, left knee partial anterior cruciate ligament tear, left knee chondromalacia, lumbar strain, and myofascial spasm. The treatment plan recommends 12 additional physical therapy sessions for the left knee and lumbar spine. A progress note dated July 23, 2014 recommends continuing physical therapy for the knee. A progress report dated August 13, 2014 indicates that the patient has had significant back pain with radiating numbness, burning, and tingling in his left leg since starting physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy visits for the left knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines - lumbar spine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: This is a patient with a date of injury of July 24, 2013. A utilization review determination dated August 29, 2014 recommends noncertification of 12 visits of physical therapy. Noncertification is recommended since physical therapy was recently authorized and therefore the outcome of that physical therapy was unknown. A utilization review determination dated August 28, 2014 recommends certification for 8 physical therapy sessions for the lumbar spine for a diagnosis of pain in the lower leg joint. A surgical report dated June 3, 2014 indicates that the patient underwent medial meniscectomy with chondroplasty. A follow-up note dated June 11, 2014 recommends continued home therapy and starting formal physical therapy. A progress report dated July 2, 2014 indicates that the patient has been undergoing physical therapy for the knee. The treatment plan recommends continuing physical therapy. A progress note dated July 10, 2014 states that the patient has run out of physical therapy visits. Physical examination reveals crepitation throughout the range of motion with tenderness in the medial and lateral joint lines and slight posterior instability. The diagnoses include left posterior cruciate ligament tear, left knee partial anterior cruciate ligament tear, left knee chondromalacia, lumbar strain, and myofascial spasm. The treatment plan recommends 12 additional physical therapy sessions for the left knee and lumbar spine. A progress note dated July 23, 2014 recommends continuing physical therapy for the knee. A progress report dated August 13, 2014 indicates that the patient has had significant back pain with radiating numbness, burning, and tingling in his left leg since starting physical therapy.