

Case Number:	CM14-0151400		
Date Assigned:	10/23/2014	Date of Injury:	08/26/2013
Decision Date:	11/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 housekeeper sustained an injury on 8/26/13 while employed by [REDACTED]. Request(s) under consideration include Physical therapy for the left knee, QTY: 12 sessions. Diagnoses include lower leg joint pain and knee cartilage/ meniscal tear s/p left knee arthroscopy with partial medial meniscectomy and chondroplasty of medial femoral condyle, medial tibial plateau for chondromalacia on 5/22/14. Report of 8/20/14 from the provider noted the patient with ongoing chronic symptoms. Exam showed knee range of 105 degrees. Report of 10/13/14 from the provider noted requests for additional PT and Kenalog injections. Functional capacity evaluation was pending. Exam showed left knee with well-healed incisions; tender medial and lateral joint lines and patellofemoral joint; knee range of 0-120 degrees with diffuse knee pain; no laxity or instability; excellent quadriceps and hamstring; and intact neurovascular in extremity. Treatment included medication refills and FCE. The request(s) for Physical therapy for the left knee, QTY: 12 sessions was non-certified on 9/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) , <https://www.acoempracguides.org/knee>: Table 2, Summary of Recommendations, Knee Disorders

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-15.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 5 months without documented functional limitations, post-operative complications, or comorbidities to allow for additional physical therapy. There is no reported functional improvement from treatment of authorized PT visits already rendered with transition to an independent home exercise program. The Physical therapy for the left knee, QTY: 12 sessions is not medically necessary and appropriate.