

Case Number:	CM14-0093098		
Date Assigned:	07/25/2014	Date of Injury:	01/03/2014
Decision Date:	10/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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:

The patient is a 52-year-old male, who has submitted a claim for left knee medial meniscal tear; left knee, medial knee pain and effusion, left knee, medial compartment; arthritis and deep venous thrombosis associated with an industrial injury date of January 3, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of left knee pain. Physical examination of the left knee showed, normal sensation to light touch on the deep peroneal, superficial peroneal, saphenous and tibial nerve distribution. The incision was well healed without signs of erythema or infection. Grade 2 pulses were noted on the dorsalis pedis. MRI of the left knee done on January 24, 2014 showed unstable displaced flap tear medial meniscus synovitis and joint effusion. Treatment to date has included medications and s/p arthroscopic surgery of the left knee (done on April 1, 2014). Utilization review from June 9, 2014, denied the request for physical therapy 2x6, left knee because the request exceeded the number of physical therapy set by CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, frequency of physical medicine should be tapered and transition into a self-directed home program. In this case, the patient had arthroscopic knee surgery on April 1, 2014. Physical therapy was requested in order for the patient to regain functionality post-operatively. However, documents reviewed showed that the patient had 18 sessions of post-op physical therapy. CA MTUS recommends only 12 sessions of physical therapy. There was no compelling rationale concerning the need for variance from the guideline. It was likewise unclear why patient cannot transition into a self-directed home exercise program. Therefore, the request for physical therapy 2x6, left knee was not medically necessary.