

Case Number:	CM14-0210905		
Date Assigned:	12/23/2014	Date of Injury:	09/02/2011
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 42 year old female with the injury date of 09/02/11. Per physician's report 11/20/14, the patient has left knee pain. The patient had pes anserinus and arthroscopic surgery of the left knee 3 months ago. The patient has completed 12 sessions of physical therapy and still complains on and off swelling in her left knee. The treater "recommended additional physical therapy and an hour daily walking and two hours exercises for strengthening and ROM of the knee." Per 10/22/14 progress report, the patient has knee pain bilaterally with swelling. The patient constantly uses ice machine and performs HEP daily. The lists of diagnoses are:1) Right knee chondromalacia2) Left knee pes anserinus tendinitis3) S/P left knee surgery4) Swelling of limb/knee Per 09/24/14 progress report, the patient reports depression, anxiety, nervousness and sleeplessness. The diagnosis is adjustment D/O due to chronic pain with mixed anxiety and depression mood. The utilization review determination being challenged is dated on 12/02/14. Treatment reports were provided from 06/25/14 to 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the 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 post-surgical Page(s): 24 and 25.

Decision rationale: The patient presents with pain and swelling in both of her knees. The patient is s/p partial meniscectomy and arthroscopic surgery of the left knee in August 2014. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT KNEE. The patient has had 12 sessions of physical therapy as post-op treatment. The current request of additional 12 therapy sessions is within post-operative time frame following the knee surgery. For post-operative therapy treatments MTUS guidelines page 24 and 25 allow 12 sessions of physical therapy over 12 weeks after following meniscectomy. In this case, review of the reports does not discuss how the patient has responded to treatments in terms of pain reduction or functional improvement. The patient still has some complaints of swelling and the treater instructs the patient to walk and exercise at home. The patient was recently authorized for 12 sessions of therapy and the treater does not explain why additional therapy is needed. The current request for 12 combined with 12 already authorized would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.