

Case Number:	CM14-0210986		
Date Assigned:	12/23/2014	Date of Injury:	12/09/2009
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
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 47 year old female with the injury date of 12/09/09. All hand written reports provided by the treater contain little information about the patient's pain, conditions, treatment history, etc. The physician's report 12/04/14 states "the patient has left knee pain. The treater requested physical therapy and acupuncture." The 06/20/14 progress report indicates "ROM is 0-110 degrees." Per 06/03/14 progress report, the patient has left knee pain at 6/10 with moderate symptoms. There is palpative tenderness in the anterior, lateral joint of left knee. The diagnosis is unspecified internal derangement of knee. The MRI of the left knee on 09/22/14 shows 1) no evidence of acute marrow contusion or fracture 2) vertical tear of the posterior horn of the lateral meniscus. The utilization review determination being challenged is dated on 12/12/14. Treatment reports were provided from 06/03/14 to 12/04/14.

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, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

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

Decision rationale: The patient presents with pain in her left knee. The request is for 12 sessions of physical therapy for the left knee. Per the utilization review 12/12/14, the patient has had 22 sessions of physical therapy and 12 sessions of acupuncture in the past. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, none of the reports discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. There is no explanation as to what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with 22 already received would exceed what is recommended per MTUS guidelines. The request therapy is not medically necessary.