

Case Number:	CM14-0212032		
Date Assigned:	01/02/2015	Date of Injury:	03/09/2014
Decision Date:	02/23/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 3/9/2014. According to the progress note dated 8/14/14 the patient complained of left knee pain. The patient has a small medial meniscus tear. Physical exam showed no effusion, positive McMurrays, medial joint line tenderness. Diagnosis includes: possible tear medial meniscus, and left knee chondromalacia with positive patellar apprehension sign. Patient has had physical therapy, left knee brace, Naprosyn, Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions, 2 times a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

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

Decision rationale: Based on guidelines, physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain,

inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement and a home exercise program. Based on the medical records, there is no documentation that the patient has had physical therapy before with improvement or if there is a home exercise program, thus, the request is not medically necessary.