

Case Number:	CM14-0213708		
Date Assigned:	12/31/2014	Date of Injury:	04/15/2014
Decision Date:	02/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, New York
 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:

The injured worker is a 63 year-old male who was injured on 4/15/14 when he slipped and fell, twisting his right knee and falling onto the floor. He complained of right knee pain. On exam, he had right knee tenderness, an effusion, and decreased range of motion. An x-ray showed medial joint line narrowing. An MRI showed presence of medial meniscus tearing of the posterior horn with subluxation and medial compartment degenerative changes. He was diagnosed with medial meniscus tear right knee osteoarthritis, contusion of knee, and sprain of knee/leg. He was taking anti-inflammatories. He was waiting on approval for orthovisc injections. He had some improvement with cortisone injections. The current request is for physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy for the Right Knee, 2-3 times per week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Knee; Table 2, Summary of Recommendations, Knee Disorders

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

Decision rationale: The request for physical therapy of the right knee is medically necessary. In this limited chart with some illegible notes, it does not appear the patient had physical therapy and could not progress to a home exercise program. The patient had injections and was taking NSAIDs, but there was no documentation of physical therapy. As per the chart, the patient may eventually need arthroscopic surgery. It is reasonable to attempt conservative care with the use of physical therapy sessions. Therefore, the request is considered medically necessary at this time.