

Case Number:	CM14-0215917		
Date Assigned:	01/05/2015	Date of Injury:	07/28/2013
Decision Date:	02/24/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

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

This 61 year old male sustained a work related injury on 07/28/2013. According to an office visit dated 05/15/2014, the injury occurred while performing his usual and customary job duties. He was getting out of a police vehicle, his right foot got stuck underneath the brake and he twisted his right knee. He subsequently experienced immediate pain in his right knee that was accompanied with swelling. According to an orthopaedic evaluation dated 09/04/2013, radiographic imaging consisting of AP, lateral and skyline views of the right knee revealed no acute fractures, dislocations or subluxations. According to the provider, previous MRI studies confirmed an oblique complex tear of the posterior horn of the medial meniscus, evidence of subchondral fracture of the extreme medial aspect of the medial tibial plateau, evidence of a previous lateral tibial plateau injury and a mild sprain of the proximal tibial collateral ligament. The MRI report was submitted for review. Recommendations included an outpatient right knee diagnostic and operative arthroscopy. According to a progress report dated 09/04/2014, the injured worker continued with right knee pain. Pain was rated a 4 or 5 on a scale of 0-10 and was greater than 5 with any prolonged standing, walking and any climbing or descending stairs. According to the provider, the injured worker reported that physical therapy, pool therapy and medications did significantly decrease his symptoms. Examination of the right knee revealed positive McMurray's sign. There was audible crepitus with active range of motion. Range of motion was 130/150 in flexion and 0/0 for extension. There was palpable tenderness over the medial portion of the knee. Diagnosis included right knee medial meniscus tear. The provider also noted that the injured worker had underwent 12 sessions of physical therapy with no

significant improvement from a 4-5 on a scale of 0-10 pain scale to a 3. However, he noted that was able to perform his usual activity of living and perform exercises with physical therapy and would like to get back to work without surgery. The provider felt that the injured worker had shown significant improvement from a functional perspective and therefore would like to continue with physical therapy even though it had been previously denied. Plan of care included continue temporarily total disability, continue medications, return for re-evaluation in four weeks, authorization request for physical therapy and Kera-Tek Gel. The provider noted that the injured worker continued with chronic pain affecting his right knee and that he had been intolerant to other treatment including therapy, activity restriction, and medication and home exercises and remained significantly symptomatic. Physical therapy progress notes were not submitted for review. On 11/26/2014, Utilization Review non-certified the requested 12 sessions of physical therapy. The request was received on 11/25/2014. According to the Utilization Review physician, guidelines recommend 9 physical therapy visits over 8 weeks for the diagnosis of 836.0 tear of medial/lateral cartilage/meniscus of knee, and the injured worker has attended at least 11 physical therapy sessions which exceeds the guideline recommendations. The Utilization Review physician also noted that the provider noted that the injured worker has only completed five out of eight of the most recent trial which was approved in review 437416. Considering that the injured worker has yet to complete these sessions which have not been approved, proceeding with additional sessions at this time would not be appropriate. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions to the knee are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and or number of visits exceeds the guideline, exceptional factors should be noted. In this case, you did workers working diagnosis is right knee medial meniscus tear area subjectively, yet the worker continues to complain of right knee pain with the VAS score of 4 - 5/10. The physician documentation indicates the injured worker received 12 sessions of physical therapy with no significant benefit. The injured worker continues to complain with the VAS score of 4 - 5/10 on the 0 - 10 pain scale. The injured worker wants additional physical therapy and attempt to avoid surgery. The documentation does not contain evidence of objective functional improvement with prior physical therapy. There were no physical therapy

documents in the medical record. The documentation in the progress note recommends physical therapy two times per week times four weeks to the right knee. The IMR request indicates 12 sessions. Consequently, absent compelling clinical documentation to support additional physical therapy with objective functional improvement, physical therapy 12 sessions to the knee are not medically necessary.