

Case Number:	CM14-0216173		
Date Assigned:	01/06/2015	Date of Injury:	04/14/2008
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/24/2014

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 & Rehabilitation

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 is a 52 year old male with a work related injury dated 04/14/2008. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 12/04/2014, the injured worker presented for a recheck. Diagnoses included early left knee osteoarthritis with a history of previous arthroscopy with partial medial meniscectomy on 06/09/2008. Additional treatments have consisted of injections, medications, home exercises, and prior physical therapy. Diagnostic testing included left knee x-rays which showed mild spurring at the medial tibial plateau and femoral condyle. Work status is noted as able to do his normal job. On 12/12/2014, Utilization Review modified the request for Physical Therapy 3xWk x 4Wks Left knee to Physical Therapy 1Wk x 4Wks Left knee citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Physical Medicine and Official Disability Guidelines. The Utilization Review physician stated the injured worker has had undocumented sessions of physical therapy to date and injured workers are instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the Utilization Review 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:

Physical Therapy 3 times a week for 4 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

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

Decision rationale: The patient is status post left knee arthroscopy with partial medial meniscectomy 06/09/08, and presents with left knee pain. The request is for Physical Therapy 1x4 Wks, Left Knee. Patient's knee pain is worse with stairs or any pivoting or twisting activities, and is located medial and anteromedial. Medications, per progress report dated 11/04/14 include Naproxen. The patient received three injections of Synvisc on 05/07/13, 07/31/13 and 08/14/13, respectively. MTUS pages 98 and 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98 and 99 state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Patient is not within post operative time period, as meniscectomy was on 06/09/08. Treater has not provided reason for the request. A short course of physical therapy would be indicated by guidelines given patient's symptoms; however there is no documentation of treatment history. Furthermore, per progress report dated 11/04/14, "patient may do his normal job at his new company," and treater has not discussed why patient cannot move on to home exercise program. Therefore, the request IS NOT medically necessary.