

Case Number:	CM15-0011146		
Date Assigned:	01/29/2015	Date of Injury:	05/06/2014
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/21/2015

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, Arizona

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:

The injured worker is a 44-year-old male who reported an injury on 05/06/2014. The mechanism of injury was not specified. His diagnoses include tear of the medial meniscus in the left knee. Past treatments included medications, surgery, and physical therapy. Pertinent surgical history included a left knee arthroscopic meniscectomy. On 01/12/2015, the physical therapy note revealed the injured worker complained of left knee pain rated 6/10 at its worst and 2/10 at its least. The injured worker also complained of moderate left ankle pain with feeling with associated symptoms of weakness and instability. The physical examination revealed muscle testing remained the same from 01/05/2015 to 01/21/2015 noted +4/5 in extension and -5/5 in flexion. Relevant medications were not noted. The treatment plan included additional physical therapy for left ankle and left knee. A rationale was not provided for review. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The request for physical therapy 2 x 4 left ankle is not medically necessary. According to the California MTUS Guidelines, physical therapy is indicated for patients with neuralgia, neuritis, and radiculitis of up to 8 to 10 visits over 4 weeks. The injured worker was indicated to have had 12 physical therapy visits for the left ankle. However, the last physical therapy note did not provide physical examination findings to include range of motion and muscle strength test. Furthermore, the request as submitted would exceed the number of sessions recommended by the guidelines. As such, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Physical Therapy 2 x 4 Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for physical therapy 2 x 4 left knee is not medically necessary. According to the California Postsurgical Guidelines, patients who undergo surgical treatments of meniscectomy are allotted 12 physical therapy visits over 12 weeks. The injured worker was indicated to have undergone a left knee arthroscopic meniscectomy on 11/06/2014. The injured worker was also indicated to have had completed 6 postoperative physical therapy sessions to date. However, the physical therapy note dated 01/20/2015 indicated the injured worker had no change in regard to muscle testing. In addition, range of motion examination findings were not provided for review. Based on the lack of objective functional improvement from the previous sessions, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.