

Case Number:	CM15-0121450		
Date Assigned:	07/01/2015	Date of Injury:	04/11/2014
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, 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:

This is a 51 year old female patient, who sustained an industrial injury on 4/11/2014. She reported falling. Diagnoses have included right knee meniscus tear. Per the doctor's note dated 6/25/15, she had complaints of right anterior knee pain. The physical examination of the right revealed tenderness along the medial aspect of the patella, intact range of motion, antalgic gait, no laxity to varus or valgus stress test and anterior drawer test. According to the progress note dated 5/21/2015, she will be completing her sixteenth and final physical therapy visit on 5/22/2015. The physical examination revealed improved range of motion but continued to have weakness, specifically of the quadriceps and weak eccentric movement. The current medications list is not specified in the records provided. She has had right knee MRI dated 8/5/2014 which revealed tear in the posterior horn of the lateral meniscus, old indeterminate grade 2 ACL and MCL sprain, chondrosis of the medial patellar facet. Treatment to date has included physical therapy and a home exercise program. Authorization was requested for additional 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:

Additional Physical Therapy 2x3 Right 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical therapy - page 98.

Decision rationale: Q--Additional Physical Therapy 2x3 Right Knee. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had 16 physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Additional Physical Therapy 2x3 Right Knee is not established for this patient at this time.