

Case Number:	CM15-0125940		
Date Assigned:	07/10/2015	Date of Injury:	05/22/2014
Decision Date:	08/06/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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, 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:

The injured worker is a 43 year old male who sustained a work related injury May 22, 2014. Past history included s/p left knee arthroscopy October, 2014. According to a primary treating orthopedic physician's progress report, dated May 26, 2015, the injured worker presented with complaints of increased left knee discomfort with weight bearing activities. Objective findings are documented as non-antalgic gait but cannot fully squat or duck walk due to his left knee pain. Examination of the lumbar spine revealed satisfactory range of motion without discomfort. Straight leg raise and rectus femoris stretch sign do not demonstrate any nerve irritability. Examination of the pelvis reveals a negative Fabere sign. Examination of the left hip reveals no tenderness with full and symmetric range of motion. Examination of the right knee within normal limits with range of motion 0-130 degrees. Examination of the left knee finds a well healed mildly tender arthroscopic excision without signs of infection. There is no soft tissue swelling, instability, or effusion. There is tenderness to palpation over the medial compartment. There is some pain with McMurray maneuver. There is mild patellofemoral irritability with satisfactory patella excursion and tracking, 4/5 quadriceps/hamstring strength and range of motion 0-120 degrees. Examination of the left foot and ankle are within normal limits. There is patchy decreased sensation in the left lower extremity. Diagnosis is documented as internal derangement/degenerative joint disease of the left knee. Treatment plan included instruction and discussion of exercises, range of motion, and strengthening. At issue, is the request for authorization for physical therapy, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Physical Therapy, Left Knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines: Post surgical meniscectomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, extension physical therapy left knee, 12 sessions is 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, the injured worker's working diagnoses are internal derangement/degenerative joint disease left knee; and status post left knee arthroscopy with medial mastectomy October 22, 2014. Date of injury is May 22, 2014. A physical therapy progress note dated May 27, 2015 states the injured worker was on visit #17. Subjectively there was a decrease in pain and an increase in function. According to the progress note dated May 26, 2015, subjectively there was left knee discomfort. Objectively, there was no soft tissue swelling. There was tenderness palpation over the medial compartment. There was no documentation demonstrating objective functional improvement. There were no compelling clinical facts indicating additional physical therapy is clinically warranted. The total number of physical therapy sessions is not specified in the medical record (PT notes states #17). Consequently, absent progress note documentation demonstrating objective functional improvement, total number of physical therapy sessions and compelling clinical facts indicating additional physical therapy is warranted, extension physical therapy left knee, extension physical therapy left knee, 12 sessions is not medically necessary.