MAXIMUS Federal Services

Case Number:	CM15-0129113		
Date Assigned:	07/15/2015	Date of Injury:	08/29/2014
Decision Date:	08/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/03/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 is a 43-year-old male with an August 29, 2014 date of injury. A progress note dated May 14, 2015 documents subjective complaints (bilateral knee pain; left knee locking and giving away), objective findings (difficulty with rising from sitting; antalgic gait; moves about protectively and with stiffness; tenderness of the medial joint line bilaterally; positive McMurray's bilaterally; medial joint line ecchymosis/edema bilaterally), and current diagnoses (bilateral knee sprain/strain; bilateral meniscus tears). Treatments to date have included imaging studies, medications, and physical therapy. The treating physician documented a plan of care that included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (unidentified frequency and quantity): Upheld

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

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

Decision rationale: MTUS 2009 recommends up to 8 sessions of PT. The patient has already had 18 sessions of PT and remains symptomatic. The request does not provide an explanation as to why additional PT will have a different outcome than prior PT. The patient is diagnosed with a meniscal tear and the records do not explain how PT will improve symptoms due to a meniscal tear. Furthermore, an orthopedic consultation has been requested and recommendations for care should be forthcoming. Additionally, the frequency and duration of PT is not provided in the medical records. This request for PT is not medically necessary.