

Case Number:	CM15-0022863		
Date Assigned:	02/12/2015	Date of Injury:	10/07/2014
Decision Date:	05/28/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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

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 an industrial injury on 10/07/2014. The initial complaints or symptoms included left knee pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapy (physical therapy trial), x-rays, and MRIs. Currently, the injured worker complains of ongoing left knee pain despite conservative treatments. The diagnoses include left knee medial meniscus tear. The treatment plan consisted of 8 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, twice weekly for four weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (updated 10/27/14).

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

Decision rationale: The patient was injured on 10/07/14 and presents with left knee pain. The request is for ADDITIONAL PHYSICAL THERAPY TWICE WEEKLY FOR FOUR WEEKS FOR THE LEFT KNEE. There is no RFA provided and the patient is on modified work duty (sit-down job only). The utilization review denial letter states that the patient already had "eight therapy sessions authorized from 12/17/14 to 02/15/15." MTUS Chronic Pain Medical Treatment Guidelines, page 98 and 99, has the following: "Physical medicine: Recommended as an 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, page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks; and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. There is tenderness over the posteromedial joint line, a positive McMurray's test, and there is a palpable dorsalis pedis pulse of the left knee. The 11/15/14 MRI of the left knee revealed that there was a tear within the posterior horn of the medial meniscus. There is no indication of any recent surgery the patient may have had. Furthermore, the patient already had 8 sessions of therapy authorized. An additional 8 sessions exceeds what is allowed by MTUS guidelines. Therefore, the requested physical therapy IS NOT medically necessary.