

Case Number:	CM15-0044388		
Date Assigned:	03/16/2015	Date of Injury:	11/14/2014
Decision Date:	05/07/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 55 year old female, who sustained a work/ industrial injury on 11/14/14. She has reported initial symptoms of left knee and back pain. The injured worker was diagnosed as having left knee arthroscopy, left knee recurrent meniscal tear, and low back pain. Treatments to date included medications and prior surgery to left knee (arthroscopy). Magnetic Resonance Imaging (MRI) was performed with report of posterior horn of the medial meniscus with peripheral extrusion of the body segments of the meniscus. Currently, the injured worker complains of left knee and back pain. The treating physician's report (PR-2) from 2/5/15 indicated left knee flexion of 120 degrees, no laxity with varus and valgus stress, negative anterior/posterior drawer. Straight leg raise (SLR) was positive and she had spasms. Recommendations were for a MR I of the lumbar spine due to increased pain and medications. The PR-2 of 1/8/15 had a treatment plan included physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The request for 12 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request 12 session of physical therapy for the left knee is not medically necessary.