

Case Number:	CM15-0073474		
Date Assigned:	04/23/2015	Date of Injury:	11/24/2014
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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 59 year old male, who sustained an industrial injury on November 24, 2014. He has reported left knee pain. Diagnoses have included left knee sprain/strain, and left knee meniscus tear. Treatment to date has included medications (noted to not be helpful), physical therapy, chiropractic care, and imaging studies. A progress note dated March 13, 2015 indicates a chief complaint of left knee pain. The treating physician documented a plan of care that included surgery and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 5wks of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Physical medicine treatment.

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, physical therapy three times per week times five weeks to left knee 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 diagnosis is left knee medial meniscus tear and chondral lesion mid-femoral condyle. According to the documentation in the medical record dated March 13, 2015, the injured worker received a course of physical therapy, chiropractic treatment and an orthopedic consultation. This new request (for additional physical therapy) appears to be a post-operative course of physical therapy after knee arthroscopy. 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). There is no documentation of a six visit clinical trial. The treating provider requested three sessions per week times five weeks (15 sessions) to the left knee. This is in excess of the recommended guidelines for a six visit clinical trial. There are no compelling clinical facts to support additional physical therapy over and above the six visit clinical trial at this time. Consequently, absent compelling clinical documentation pursuant to guideline recommendations for a six visit clinical trial (postoperative), physical therapy three times per week times five weeks to the left knee is not medically necessary.