

Case Number:	CM15-0073561		
Date Assigned:	04/23/2015	Date of Injury:	02/25/2015
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
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 54 year old male, who sustained an industrial injury on 2/25/15. He reported initial complaints of left knee giving out and very painful. The injured worker was diagnosed as having left knee sprain; left medial meniscus tear; left knee osteoarthritis. Treatment to date has included left knee corticosteroid injection (2/25/15); knee brace; physical therapy; medications. Diagnostic tests include x-rays left knee (2/25/15); MRI left knee (3/12/15). Currently, the PR-2 notes dated 3/18/15 indicates the injured worker was in the office as a follow-up visit for his left knee injury of 2/25/15. The injured worker states the injury is the same and having some nausea with medications. The provider will add PPI and if this does not improve the nausea; the injured worker is to stop the medications. They are awaiting the orthopedic referral per the MRI results (3/12/15) indicating a flap tear to the left knee. He complains of pain in the left knee and describes the symptoms as sharp, moderate to severe over 21 days. The symptoms are intermittent and exacerbated by motion; lessened by rest. There is no numbness, no tingling, no weakness or clicking or locking in the knee. There is edema and pain with motion. The left knee is tender on the left medial joint line. Additional notes submitted indicate a request for a left knee arthroscopy for partial medial menisectomy was authorized 3/31/15. The provider requested Left knee physical therapy two times three and this was denied by Utilization Review on 4/7/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee physical therapy two times three: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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, left knee physical therapy two times per week times three weeks 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left knee medial meniscus tear; and osteoarthritis left knee. The documentation from the utilization review states the injured worker completed 4 of 12 authorized physical therapy sessions. There is no documentation in the medical record of physical therapy progress notes or objective functional improvement referencing those physical therapy visits. A follow-up progress note dated March 27, 2015 requests additional physical therapy for quadriceps strengthening. There is confusing documentation in the medical record indicating additional physical therapy was prescribed, and then denied with an appeal for denial upheld. The documentation is unclear as to whether the injured worker completed the initial 12 physical therapy sessions authorized. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. According to the documentation as of March 27, 2015, the injured worker had not undergone arthroscopy of the left knee. Consequently, absent compelling clinical documentation with objective functional improvement of the first 12 physical therapy sessions, left knee physical therapy two times per week times three weeks is not medically necessary.