

Case Number:	CM15-0076780		
Date Assigned:	04/28/2015	Date of Injury:	07/18/2013
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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 40 year old male who sustained an industrial injury on 7/18/13. The injured worker reported symptoms in the low back. The injured worker was diagnosed as having bilateral medial meniscal tear status post left knee arthroscopy, bilateral knee subluxation and L5-S1 degenerative disc disease. Treatments to date have included status post left knee arthroscopy, physical therapy, and home exercise program. Currently, the injured worker complains of low back pain with radiation to the lower extremities. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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, six physical therapy sessions left knee are 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 diagnoses are bilateral medial meniscal tears (status post left knee arthroscopy February 11, 2015); bilateral knee subluxation; and L5 - S1 degenerative disc disease. A progress note by the treating provider dated March 12, 2015, subjectively, shows the left knee is improving with the VAS pain scale of 2/10. Objectively, there is trace effusion with range of motion ranging 0 to 130. The injured worker is engaged in a home exercise program. A physical therapy progress note dated March 16, 2015 shows the worker completed 12 out of 12 physical therapy sessions. The injured worker completed the full set of physical therapy according to the guidelines for a knee arthroscopy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, six physical therapy sessions left knee are not medically necessary.