

Case Number:	CM15-0098879		
Date Assigned:	06/01/2015	Date of Injury:	09/12/2014
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 55-year-old man sustained an industrial injury on 9/12/2014. The mechanism of injury is not detailed. Diagnoses include left knee meniscus tear, left knee pain, and left knee sprain/strain. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 5/4/2015 show complaints of left knee pain rated 8-9/10. Recommendations include TENS unit for use at home, acupuncture, physical therapy, podiatry consultation, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS 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, physical therapy two times per week times four weeks to the 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis are left knee meniscus tear; left knee pain; left knee sprain/strain; and status post surgery left knee. The documentation shows the injured worker is status post arthroscopy with partial medial meniscectomy and an intra-articular pain injection. The treating provider was authorized an initial eight sessions of physical therapy. Eight out of eight sessions of physical therapy were completed. A second set of 12 physical therapy sessions were authorized. One session was completed and 11 sessions remained. The treating provider requested an additional eight sessions of physical therapy. There is no documentation reflecting objective functional improvement prior physical therapy. There was an additional 11 physical therapy sessions outstanding. The rationale for the additional PT was to increase activities of daily living and decrease pain. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted over and above the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times four weeks to the left knee is not medically necessary.