

Case Number:	CM14-0145242		
Date Assigned:	09/12/2014	Date of Injury:	07/23/2013
Decision Date:	10/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female with a reported injury on 07/23/2013. The mechanism of injury was a slip and fall. The injured worker's diagnoses included status post arthroscopy of the left knee, arthropathy, chondromalacia of the knee, and internal derangement of the left knee. The injured worker's previous treatments included medications and postsurgical physical therapy 12 initial with 3 extra approved for a total of 15 postsurgical physical therapy sessions. The injured worker's diagnostic testing included left knee x-rays, left knee MRI, and chest x-rays. The injured worker's surgical history included a left knee arthroscopy on 05/16/2014 with debridement of medial synovial plica, partial medial and lateral meniscectomy, and abrasion chondroplasty. The injured worker was evaluated on 06/26/2014 at which point she had completed 9 of the 12 originally ordered physical therapy sessions. The injured worker continued to complain of left knee pain. The clinician observed and reported tenderness to the left knee. On a physical therapy note dated 07/09/2014, the clinician observed and reported left knee flexion at 136% which was an improvement from her initial evaluation. Left knee strength was measured at 4+/5 in all 4 fields. The clinician documented that the injured worker was improving and a home exercise program had been initiated. No medication list was provided. The request was for physical therapy x12 visits. No rationale for this request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, Section: Knee & Leg

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker continued to complain of left knee pain. The California MTUS Postsurgical Guidelines recommend 12 physical therapy visits over 12 weeks for repair of the medial or lateral meniscus of the knee. The postsurgical physical medicine treatment period covers 6 months. A home exercise program had been initiated. The injured worker's functional deficits of 136 degrees of knee flexion, which is very similar to the right knee at 142 and strength of 4+/5 does indicate the need to continue the home exercise program, but does not indicate a functional deficit requiring physical therapy at this point. Therefore, the request for physical therapy x12 visits is not medically necessary.