

Case Number:	CM14-0115925		
Date Assigned:	08/04/2014	Date of Injury:	03/28/2012
Decision Date:	08/14/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 68 year old male who sustained an industrial injury on 03/28/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having a left knee strain/sprain, left knee meniscal tear, posterior knee and medial meniscus per MRI, and status post left knee surgery in 2013 with residuals. Treatment to date has included surgery (2013), physical therapy and pain medications. Currently, the injured worker complains of left knee pain rated a 4 on a scale of 1-10. In exam, there is an increased tenderness to palpation from grade 3 on the last visit to grade 3-4. The worker states the treatment helps. He reports decrease in pain, tenderness and spasm; an increase in endurance and range of motion; and an improvement in function and activities of daily living with physical therapy. His MRI of the left knee is positive for meniscal tear. A request for authorization was made for the following: Continued physical therapy for evaluation and treatment of left knee, 2 times a week for 6 weeks. A report dated May 27, 2014 states that the patient reports increased endurance with physical therapy, reduced pain tenderness and spasm with physical therapy, and improve function and activities of daily living with physical therapy. The note goes on to state that the patient's tenderness to palpation has worsened. Notes indicate that the patient has had 24 sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for evaluation and treatment of left knee, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS, and there is no documentation of a flare-up or intervening injury for which a short course of additional therapy may be indicated. In light of the above issues, the currently requested additional physical therapy is not medically necessary.