

Case Number:	CM13-0006292		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2011
Decision Date:	03/31/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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:

According to the records made available for review, this a 29-year-old female with a 4/20/11 date of injury, and left knee surgery on 8/3/12. At the time of request for authorization for physical therapy 2 times 3 to the knee, there is documentation of subjective (left knee pain) and objective (positive quadriceps atrophy and tenderness over the medial plica region and femoral condyle) findings, current diagnoses (left knee underlying articular cartilage injury with adequate quadriceps rehabilitation), and treatment to date (physical therapy (including 12 post-op physical therapy visits previously certified)). There is no documentation of the number of previous PT treatments and objective improvement from recent physical therapy sessions ((if this does not represent a request for additional postoperative physical therapy sessions). In addition, post-surgical physical medicine treatment period exceeds guidelines (if this represents a request for additional postoperative physical therapy sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 3 TO THE KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function, page 114, as well as the Official Disability Guidelines (ODG), Knee Chapter, Physical medicine treatment.

Decision rationale: MTUS reference to ACOEM identifies documentation of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of physical therapy. MTUS Postsurgical Treatment Guidelines supports up to 12 visits over 12 weeks in the postoperative management of meniscectomy with a post-surgical physical medicine treatment period of 6 months. ODG recommends a limited course of physical therapy for patients with a diagnosis of internal derangement of the knee/sprains/strains not to exceed 12 sessions over 8 weeks and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of diagnosis of left knee underlying articular cartilage injury with adequate quadriceps rehabilitation and status post left knee surgery on 8/3/12. In addition, there is documentation of previous physical therapy sessions (including 12 post-op physical therapy visits), functional deficits, and functional goals. However, given documentation of an 8/3/12 date of surgery, post-surgical physical medicine treatment period exceeds guidelines (if this represents a request for additional postoperative physical therapy sessions). In addition, there is no documentation of the number of previous PT treatments (if this does not represent a request for additional postoperative physical therapy sessions) and, if the number of treatments have already exceeded guidelines, documentation of exceptional factors. Furthermore, there is no documentation of objective improvement from recent physical therapy sessions (if this does not represent a request for additional postoperative physical therapy sessions). Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 times 3 to the knee is not medically necessary.