

Case Number:	CM13-0017767		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2012
Decision Date:	02/14/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/28/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of December 19, 2012. A utilization review determination dated October 9, 2013 recommends certification of 1 DX/OPA right knee with subcutaneous lateral release & medial repair and modified certification for 12 post op physical therapy visits to 6 post op physical therapy visits. The previous reviewing physician recommended modified certification for 12 post op physical therapy visits to 6 post op physical therapy visits due to guideline recommendations for an initial course of post-operative care. An operative report from April 2, 2013 identifies procedures performed including diagnostic and operative arthroscopy of the left knee with a partial medial meniscectomy, a chondroplasty of the medial femoral condyle, partial lateral meniscectomy, patelloplasty, partial synovectomy, and removal of loose body with intraarticular injection. A physical therapy re-evaluation/re-examination report dated May 15, 2013 identifies the patient has undergone 12 approved visits. A PR-2 report dated October 23, 2013 identifies subjective complaints of a lot of cramping when extending the right knee and locking with sharp pain in the left knee. The objective findings include pain and tenderness in the bilateral knees. The diagnoses include tear of medial cartilage or meniscus of knee. The treatment plan includes dispensing medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for twelve (12) post op physical therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Regarding the request for 12 post op physical therapy sessions for left knee, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy. Within the medical information made available for review, it appears the patient underwent at least 12 postoperative physical therapy sessions for the left knee. At this point, the patient should have been transferred to a home exercise program. There is no documentation of a rationale identifying why additional postoperative physical therapy sessions are needed above and beyond the maximum number recommended by guidelines. In the absence of such documentation, the current request for 12 post op physical therapy sessions for left knee is not medically necessary.

The request for twelve (12) pre op physical therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 12 pre op physical therapy sessions for right knee, Chronic Pain Medical Treatment Guidelines recommend the use of active therapy in the rehabilitation of acute and subacute knee pain. The ODG also supports the use of physical therapy in the treatment of knee complaints. Guidelines recommend an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. For the treatment of tear of medial/lateral cartilage/meniscus of knee, ODG recommends 9 visits over 8 weeks. The initial trial should therefore be 5 visits (approximately 50% of the maximum recommended by guidelines). The currently requested therapy exceeds the recommended initial trial as defined by guidelines. Additionally, it is unclear if the patient underwent previously, and whether that therapy resulted in any objective functional improvement. In the absence of such documentation, the currently requested 12 pre op physical therapy sessions for right knee is not medically necessary.