

Case Number:	CM13-0021547		
Date Assigned:	11/13/2013	Date of Injury:	01/15/2013
Decision Date:	09/16/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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 35 year old female with a reported date of injury on January 15, 2013. The mechanism of injury is described as pushing a housekeeping cart outside of a room when she struck the corner of an air conditioning unit with her right knee. On January 17, 2013 the injured worker was evaluated and subsequently diagnosed with right knee contusion and a right patellar tendon contusion. The treating physician at that time placed the injured worker on modified duty consisting of no kneeling or squatting. The current diagnosis is listed as tear lateral meniscus right knee (836.1). An exam performed on August 09, 2013 reveals persistent complaints of knee pain. It also notes treatment has included rest, ice, compression, elevation, medications, outpatient surgery, a knee brace, physical therapy, acupuncture and an injection. Acupuncture was noted as beneficial. The following objective signs were noted: mild antalgic gait, and peripatellar tenderness. Positive Clarke's sign and positive patellofemoral compression is also noted. An MRI dated April 22, 2013 reveals no evidence of internal derangement within the right knee. Twelve visits of physical therapy were approved through October 31, 2013. The current request is for post-surgical physical therapy for the right knee two times per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-SURGICAL PHYSICAL THERAPY FOR THE RIGHT KNEE 2 TIMES PER WEEK FOR 6 WEEKS: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

Decision rationale: As per California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, twelve visits of physical therapy were approved through October 31, 2013. However, there is no record of previous PT progress notes with documentation of objective measurements. The records lack detailed pain and functional assessment to support any indication of more PT visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.