

Case Number:	CM13-0040365		
Date Assigned:	02/20/2014	Date of Injury:	12/19/2012
Decision Date:	04/22/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 50 year old female with a date of injury on 12/19/2012. Both knees were injured when she was run over by a SUV. Left knee physical therapy started in 01/2013 and continued to 03/2013. She had a left knee meniscectomy (partial medial and partial lateral) on 04/02/2013. On 04/17/2013 left knee post operative physical therapy started. Left knee strength was 2/5 and was weaker than the right knee. On 05/15/2013 she was still using bilateral crutches to ambulate outside. At home she was walking without crutches. On 05/22/2013 she had bilateral knee pain. She had 12 post operative physical therapy visits. The 08/21/2013 note was about maltracking of the right patella. The left knee was not mentioned. By 08/29/2013 she was mostly limited by her

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POSTOPERATIVE PHYSICAL THERAPY SESSIONS FOR TREATMENT OF THE LEFT KNEE BETWEEN 7/8/13 AND 9/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The Expert Reviewer's decision rationale: The patient had months of left knee physical therapy in 01/2013 through 03/2013. The patient had a left knee meniscectomy on

04/02/2013 and already completed 12 post operative physical therapy visits. The request is for 12 more visits. MTUS page 24 notes that the maximum allowed post operative physical therapy visits for a meniscectomy is 12 visits over 6 months. She already received the maximum number of post operative physical therapy visits and the requested additional 12 visits are not consistent with MTUS guidelines. The left knee post operative physical therapy notes did not document significant improvement in left knee strength (strength and range of motion were not documented during each visit) but there was documentation that the right knee was worse. Right knee strength decreased from 4/5 to 2/5 and it was the right knee pain and weakness that limited the patient. Right knee surgery was planned. By the time of the request for additional post operative left knee physical therapy she should have been transitioned to a home exercise program. Continued formal left knee physical therapy is not documented to be superior to a home exercise program. Furthermore, she was no longer limited by her left knee function and the left knee function, strength and range of motion were no longer noted in the office notes.

12 PREOPERATIVE PHYSICAL THERAPY SESSIONS FOR TREATMENT OF THE LEFT KNEE BETWEEN 7/8/13 AND 10/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 98-99 Page(s): 98-99.

Decision rationale: The Expert Reviewer's decision rationale: The patient has chronic right knee pain and the request was for 12 physical therapy visits prior to her patella stabilization arthroscopic surgery that was scheduled in 12/2013. MTUS Chronic Pain allows for a maximum of 10 physical therapy visits and consistent with this guideline 10 physical therapy visits were certified. The requested 12 physical therapy visits is not consistent with the MTUS guidelines.