

Case Number:	CM13-0042406		
Date Assigned:	12/27/2013	Date of Injury:	03/29/2012
Decision Date:	07/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/17/2013

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 patient is a 59-year-old female who has filed a claim for post-right knee arthroscopic surgery associated with an industrial injury date of March 29, 2012. A review of progress notes indicates significant improvement of the right knee. There is pain upon flexion and extension, and inability to extend the right knee fully. Upon examination, the right knee has an almost full extension. Patient walks with an antalgic gait. The treatment to date has included NSAIDs, opioids, and right knee surgery in June 2012 and April 2013 with post-operative physical therapy. Utilization review from September 18, 2013 denied the requests for manual therapy, 2 times weekly, to the right knee; and electrical stimulation, 2 times weekly, to right knee. There is modified certification for 4 PT visits to the right knee, for a total of 20 post-operative PT sessions consistent with guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION, RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines recommends 12 visits over 12 weeks for meniscectomy and 20 visits over 4 months for knee manipulation under

anesthesia. In this case, the patient has had 16 post-surgical physical therapy visits. The patient reports significant improvement in symptoms and function with the previous physical therapy sessions. However, the quantity of the additional physical therapy sessions requested is not indicated. Therefore, the request for physical therapy evaluation for the right knee was not medically necessary.

MANUAL THERAPY, 2 TIMES WEEKLY, TO THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines recommends 12 visits over 12 weeks for meniscectomy and 20 visits over 4 months for knee manipulation under anesthesia. In this case, the patient has had 16 post-surgical physical therapy visits. The patient reports significant improvement in symptoms and function with the previous physical therapy sessions. However, the quantity of the additional physical therapy sessions requested is not indicated. Therefore, the request for physical therapy evaluation for the right knee was not medically necessary.

ELECTRICAL STIMULATION, 2 TIMES WEEKLY, RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS-Transcutaneous Electrotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, TENS (transcutaneous electrical nerve stimulation).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, transcutaneous electrical nerve stimulation (TENS) is recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. In this case, there is no documentation that the patient is enrolled in an exercise program. The physical therapy sessions were also not authorized. Also, guideline evidence supports TENS only for osteoarthritis, and the quantity requested is not indicated. Therefore, the request for electrical stimulation, 2 times weekly, for the right knee was not medically necessary.

THERAPEUTIC PROCEDURES, 2 TIMES WEEKLY FOR RIGHT KNEE QTY 8.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request does not indicate the specific therapeutic procedures. Therefore, the request for therapeutic procedures, 2 times weekly for the right knee was not medically necessary.