

Case Number:	CM13-0043474		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2011
Decision Date:	04/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/22/2013

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 & 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:

According to the records made available for review, this is a 31-year-old male with a 1/8/11 date of injury and status post left knee arthroscopy on 4/27/13. At the time (9/16/13) of request for authorization for additional PT 2x4 for the left knee, there is documentation of subjective (left knee pain with buckling and giving way, and difficulty ambulating) and objective (tenderness to palpation of the medial and lateral aspect of the left knee with equivocal McMurray's testing and decreased range of motion) findings, current diagnoses (meniscal tear of the left knee), and treatment to date (8/13/13 RFA form identifying completion of 12 post-operative PT sessions and left knee arthroscopy on 4/27/13). In addition, 9/16/13 medical report identifies that physical therapy helps decrease the patient's spasm and swelling, and provides better left knee motion. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE LEFT KNEE (8 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS Post-Surgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of meniscal tear of the left knee. In addition, there is documentation that the patient is status post left knee arthroscopy on 4/27/13 and has completed 12 post-operative physical therapy sessions, which is the limit of guidelines. Furthermore, despite documentation that physical therapy helps decrease the patient's spasm and swelling, and provides better left knee motion, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Lastly, despite documentation of subjective (left knee pain with buckling and giving way, and difficulty ambulating) and objective (tenderness to palpation of the medial and lateral aspect of the left knee with equivocal McMurray's testing and decreased range of motion) findings, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for additional PT for the left knee is not medically necessary.