

Case Number:	CM13-0046078		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2011
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 & 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 least at 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 patient is a 64-year-old female with date of injury 05/13/2011. Per treating physician's report 10/15/2013, listed diagnoses are: 1. Right knee internal derangement. 2. Right knee grade 4 chondromalacia. 3. Status post 2 months right knee surgery. This patient presents with persistent right knee being status post right knee surgery on 08/01/2013. The patient has some weakness in the right knee and states that kneeling, walking, and sitting aggravate her symptoms. She has been receiving physical therapy and has attended 15 sessions. Operative report from 08/01/2013 shows arthroscopic surgery for meniscectomy both medial and lateral, synovectomy, chondroplasty, and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient presents with persistent right knee pain despite arthroscopic surgery which was performed on 08/01/2013. The patient underwent synovectomy, chondroplasty, meniscectomy of both medial and lateral menisci, and manipulation under

anesthesia. The request for additional physical therapy 3 times a week for 4 weeks was denied by utilization review letter dated 10/31/2013. The physician reviewer indicated that the patient already had 24 physical therapy visits that MTUS Guidelines only recommended 12 post-op physical therapy sessions. Review of the medical records shows that although the treating physician is under the impression at the time of the additional request that only 15 sessions of treatments were provided, authorization letter 10/08/2013 shows that total number of visits authorized was 24 sessions and that authorized visit from most recent prescription was 18, and this was authorized as of 09/24/2013. There were some physical therapy progress reports included. These show treatments that were provided on 10/14/2013, 10/16/2013, 10/18/2013, 10/21/2013, 10/23/2013, 10/28/2013, 10/30/2013, and 11/01/2013 dates. MTUS Guidelines for postoperative physical therapy recommends 12 visits for meniscectomy, 20 sessions over 4 months for manipulation under anesthesia. Therefore, for this patient's chondroplasty/synovectomy/meniscectomy /manipulation arthroscopic surgery, up to 20 sessions would appear to be number of sessions allowed by MTUS Guidelines. Review of the medical records show that this patient was already authorized 24 sessions for postoperative care. The current request for additional 12 sessions appears excessive. MTUS Guidelines do allow for additional physical therapy in cases where functional progress was well documented and where specific goals are well delineated. However, in this case, the treating physician is simply asking for additional therapy without any discussion regarding patient's progress and why additional treatment is required. The physician is under the impression that the patient only had 15 sessions when in fact the patient was authorized for 24 sessions. Recommendation is for denial of the requested additional physical therapy 12 sessions.