

Case Number:	CM13-0050518		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2007
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/13/2013

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 and Rehabilitation, has a subspecialty in International Spine 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 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:

The patient is a 47-year-old male with date of injury from 02/16/2007. The progress report from 07/31/2013 lists diagnoses of: 1. Status post right knee arthroscopy with residual arthritic changes of the knee. 2. Left knee medial meniscal tear. This report's plan and discussion was that the patient was offered total knee replacement due to failure of all other conservative treatments including therapy, medications, injections, and arthroscopy. Left knee arthroscopic surgery was being requested. Presenting subjective complaints are bilateral knee pain at an intensity of 8/10. Range of motion of the right knee was 0 to 120 degrees, stable ligamentous examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physiotherapy two (2) times a week for three (3) weeks for the right knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Knee/Leg, Web Edition

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

Decision rationale: This patient presents with persistent knee pain despite surgical intervention from January 2013 where the patient had arthroscopic surgery of the right knee. There is a request for physical therapy 6 additional sessions to address persistent symptoms in the right knee. This request is from 04/18/2013 by [REDACTED], where he states, "The patient had improved 30% to 40%" following Synvisc injection with his pain level decreased to approximately 30% of his current complaint, and the request for 6 sessions of therapy for exercises, physiotherapy, and manual therapy." The utilization review letter from 10/28/2013 denied the request of 6 sessions of therapy stating that patient had attended 36 sessions of physical therapy as of 06/03/2013. The request for authorization date reference is 10/21/2013, but unfortunately, this RFA report is missing for this review. There is a report dated 10/03/2013 by [REDACTED], and he is recommending physical therapy twice a week for 4 weeks. Despite the review of over 150 pages of reports provided, it is difficult to tell what exactly is requested from which date. Based on 10/03/2013, [REDACTED] is requesting 8 sessions of physical therapy. Per utilization review letter, by this time, the patient has already completed more than 30 sessions of physical therapy following the surgery of the right knee from January 2013. MTUS Guidelines for postoperative care allows 8 to 12 visits for meniscectomy, 24 visits for arthroplasty, and 24 visits for ACL tear repair. During the postoperative timeframe, this patient appears to have had more than adequate amount of physical therapy. There is no clear explanation as to why additional physical therapy is being requested without any discussion regarding the effectiveness of treatments provided thus far. The treating physician's report from 07/31/2013 states that all conservative measures have failed and the patient is waiting for right knee replacement. There does not appear to be any reason for continuing the physical therapy at this juncture. Recommendation is for denial.