

Case Number:	CM13-0058672		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2012
Decision Date:	03/24/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/24/2013

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 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:

This 64 year-old female sustained a fall injury on 8/6/12 while employed by [REDACTED], [REDACTED]. Request under consideration include physical therapy 2x/wk. x 4/wks. for right knee. Conservative treatment has included medications and therapy which failed and the patient is now s/p right knee arthroscopy with meniscectomy on 7/31/13. Physical therapy report of 9/16/13 noted patient with pain at 6/10 and exam showed well-healed surgical portals, tenderness, flexion 105 degrees and extension 2+ with muscle strength of 3/5. Follow-up PT report on 10/14/13 noted patient made subjective and objective improvements with pain level of 5/10 and flexion of 118 degrees; extension remained at 2 degrees. Report of 10/18/13 from provider noted patient with 5/10 pain scale; has completed 21 of 24 authorized PT visits to date. Exam showed swelling and range of motion 0-120 degrees. The request for an additional 8 PT visits was partially-certified to 2 visits citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 2x/wk. x 4/wks. for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

Decision rationale: This 64 year-old female sustained a fall injury on 8/6/12 while employed by [REDACTED]. Request under consideration include physical therapy 2x/wk. x 4/wks. for right knee. Conservative treatment has included medications and therapy which failed and the patient is now s/p right knee arthroscopy with meniscectomy on 7/31/13. Physical therapy report of 9/16/13 noted patient with pain at 6/10 and exam showed well-healed surgical portals, tenderness, flexion 105 degrees and extension 2+ with muscle strength of 3/5. Follow-up PT report on 10/14/13 noted patient made subjective and objective improvements with pain level of 5/10 and flexion of 118 degrees; extension remained at 2 degrees. Report of 10/18/13 from provider noted patient with 5/10 pain scale; has completed 21 of 24 authorized PT visits to date. Exam showed swelling and range of motion 0-120 degrees. The request for an additional 8 PT visits was partially-certified to 2 visits citing guidelines criteria and lack of medical necessity. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 7-1/2 months without documented functional limitations, post-operative complications, or comorbidities to allow for additional physical therapy. There is reported functional improvement from treatment of 26 authorized PT visits already rendered to transition to an independent home exercise program. The physical therapy 2x/wk. x 4/wks. for right knee is not medically necessary and appropriate.