

Case Number:	CM13-0072434		
Date Assigned:	01/03/2014	Date of Injury:	09/12/2011
Decision Date:	10/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/31/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 57 y/o female who sustained an industrial injury on 09/12/2011 from cumulative trauma. Her diagnosis is right knee tendonitis/bursitis. She continues to complain of right knee pain with walking, prolonged sitting, standing, and stair climbing. Physical examination reveals a positive McMurray test, patellar crepitus, and tenderness on the medial and lateral joint lines. Motor strength was 4/5. Treatment has included medical therapy and she has been authorized to undergo a Right Knee Arthroscopy and Partial Meniscectomy. The treating provider has requested 18 post-operative physical therapy visits for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 18 Post-Operative Physical Therapy Visits for The Right Knee: Upheld

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

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

Decision rationale: Per California MTUS Treatment Guidelines 2009, Associated Surgical Service: Physical Therapy is indicated for the treatment of knee pain in the post-surgical period. Recommendations state that for most patients post arthroscopy 12 visits over a period of over 12

weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, the request for 18 physical therapy session exceeds the recommendation. There is no specific indication for the requested 18 sessions. The recommendation would be for 12 visits. Medical necessity for the requested additional physical therapy sessions has not been established. The requested service is not medically necessary.