

Case Number:	CM14-0002935		
Date Assigned:	01/24/2014	Date of Injury:	11/15/2012
Decision Date:	09/16/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 57-year-old female who has submitted a claim for internal derangement of knee and s/p right knee arthroscopy associated with an industrial injury date of November 15, 2012. Medical records from June 8, 2013 up to November 13, 2013 were reviewed showing right knee pain, 9/10 in severity as seen on progress report dated October 22, 2013 s/p right knee arthroscopy. Knee pain was relieved with ice and prescription medication and aggravated by walking and standing. Patient described limited ambulation and ADL functioning due to pain. Physical examination revealed 3/5 muscle strength of right quadriceps, hamstrings, and hip flexors. Positive crepitus with range of motion on both knees. Tenderness was reported on bilateral medial joint line and pes anserinus. There was limited flexion and failure of extension of right knee. Patient had undergone post-operative physical therapy. Treatment to date has included Hydrocodone, Ondansetron, Zolpidem, right knee arthroscopy and surgery, and post-operative physical therapy. Utilization review from December 17, 2013 denied the request for continued physical therapy two (2) times a week for four (4) weeks. Documentation does not indicate the number of previous physical therapy visits completed or if previous therapy was successful. There was no documentation of objective or functional improvement. Therefore the request for continued physical therapy two (2) times a week for four (4) weeks is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 25.

Decision rationale: As per CA-MTUS Post-Surgical Treatment Guidelines, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The guidelines recommend 12 therapy visits over 12 weeks for status post meniscectomy with a treatment period of 6 months. In this case, the patient was approved for post-operative physical therapy as seen on progress report dated November 13, 2013. However, documentation does not indicate the number of previous physical therapy visits completed or if previous therapy was successful. There was no documentation of objective or functional improvement. The request likewise failed to specify body part to be treated. Therefore, the request for continued physical therapy two (2) times a week for four (4) weeks is not medically necessary.