

Case Number:	CM14-0004639		
Date Assigned:	02/05/2014	Date of Injury:	08/08/2011
Decision Date:	07/21/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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 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 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 injured worker is a 35-year-old male who reported an injury on 08/08/2012. The injured worker has a history of pain to the lower leg and a right knee arthroscopy on 10/29/2013. The injured worker received fifteen (15) session of physical therapy from 11/04/2013 to 12/27/2013. The injured worker's physical therapy reports on 12/27/2013, revealed a pain level of 0-3/10, with stiffness, tightness, achiness, and soreness over the weekend. The pain in the evening rates a 1/10, with prescription medication, but with no location given. The physical examination reveals right knee effusion 2+, decreased knee flexion at 70 degrees, decreased fire quad, and normal gait. The treatment plan is for eight (8) additional sessions of physical therapy for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE KNEE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): PHYSICAL MEDICINE. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Knee and Leg Procedure Summary (last updated 06/07/2013).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The Postsurgical Treatment Guidelines indicate effectiveness of therapy after arthroscopic partial meniscectomy. The functional exercises after hospital discharge for total knee arthroscopic result in a small to moderate short-term, but not long-term, benefits. Short-term therapy interventions with exercises based on functional activities, may be more effective after a total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. The guidelines also recommend post-surgical treatment for meniscectomy to be twelve (12) visits over twelve (12) weeks. The injured worker had already received fifteen (15) documented sessions and an additional eight (8) sessions, which would exceed the recommended amount. The documentation provided indicates that the injured worker is able to ambulate with a normal gait and the pain level is between a 0-3/10 with 10 being the worst. The injured worker did not show that any additional physical therapy sessions would benefit him. The request did not specify which knee the eight (8) sessions of physical therapy was for. As such, the request for eight (8) sessions of physical therapy for the knee is not medically necessary.