

Case Number:	CM14-0008315		
Date Assigned:	02/12/2014	Date of Injury:	10/27/2011
Decision Date:	08/04/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery 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:

This is a 65-year-old female with a 10/27/11 date of injury. The patient sustained the injury due to a trip and fall incident and twisted her right ankle and injured the bilateral knees and right ankle. In a 1/16/14 progress note, the patient presented with left knee pain rated 9/10, right knee pain rated 5/10, left ankle pain rated 9/10, and right ankle pain rated 5/10, on a pain scale of 0-10. The objective findings included tenderness to palpation of medial joint line of right knee, decreased range of motion and swelling of left knee, tenderness to palpation of medial joint line of left knee. The diagnostic impression included knee arthroscopy for left lateral meniscectomy, contusion and arthritis of knee bilateral, and derangement of lateral meniscus of knee. The treatment to date includes medication management, activity modification, physical therapy, surgery. A UR decision dated 12/23/13 denied the request for additional post-operative physical therapy two times a week for four weeks for the left knee. According to the records provided, the patient has already received fifteen physical therapy visits out of twenty certified post-operative physical therapy visits for this injury till date. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POT-OPERATIVE PHYSICAL THERAPY, TWO TIMES PER WEEK FOR FOUR WEEKS, 8 TOTAL VISITS FOR LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Suffering, and the Restoration of Function Page(s): 98-99, 114, Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The Physical Medicine Guidelines allow for fading of treatment frequency. According to a UR decision dated 12/23/13, the patient has already had 15 post-operative physical therapy sessions. The California MTUS Post-Surgical Treatment Guidelines recommends 12 visits over 12 weeks for post-surgical meniscectomy treatment. This request for 8 additional physical therapy sessions, along with the sessions the patient has already received, exceeds guideline recommendations. In addition, physical therapy notes were not provided in the reports reviewed to assess ongoing significant functional improvement from the previous physical therapy visits. A valid rationale as to why remaining rehabilitation cannot be accomplished with transitioning to a home exercise program was not provided. Therefore, the request for Additional 8 additional post-operative physical therapy sessions for left knee was not medically necessary.