

Case Number:	CM14-0008440		
Date Assigned:	06/11/2014	Date of Injury:	06/12/2013
Decision Date:	12/04/2014	UR Denial Date:	01/06/2014
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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of June 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee meniscectomy surgery; and knee MRI imaging of October 1, 2014, notable for postoperative truncation of the lateral meniscus without evidence of a medial meniscus tear. In a Utilization Review Report dated January 6, 2014, the claims administrator partially approved a request for eight sessions of physical therapy as four sessions of the same. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated August 12, 2014, the applicant was described as having residual knee pain complaints status post earlier knee arthroscopy. Residual knee weakness is noted. The medical-legal evaluation suggested that the applicant undergo a repeat knee MRI. It was stated that the applicant had undergone 24 preoperative sessions of physical therapy and 12 postoperative sessions of physical therapy. The medical-legal evaluator posited that the applicant was working with limitations in place. In a June 23, 2014, office visit, the applicant's primary treating provider complained that the applicant had had disjointed access to physical therapy. The applicant was experiencing issues with slow recovery. It was suggested that the applicant might have issues with chondromalacia, which were impending and delaying his recovery. Eight sessions of physical therapy were sought. It was stated that gym membership might be helpful. On May 7, 2014, the applicant received a knee corticosteroid injection. It was stated that the applicant was doing home exercise, but was still having some pain with kneeling, squatting and negotiating uneven terrain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS RIGHT KNEE:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While this approval does result in extension of treatment beyond the 12 sessions of course recommended in MTUS Postsurgical Treatment Guidelines following a knee meniscectomy surgery, as apparently transpired here, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine is continued upon applicant-specific variables such as an applicant's essential work conditions. MTUS 9792.24.3.c.3 further notes that 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. In this case, the applicant was still within the postsurgical physical medicine treatment as of the date of the request and as of the date of the Utilization Review Report following an earlier knee arthroscopy of November 13, 2013. The applicant's job as a foreman at [REDACTED] was a physically arduous job, the treating provider posited and did involve negotiating uneven terrain. The applicant did demonstrate functional improvement with earlier treatment as evinced by the applicant's successful return to modified duty work. Additional functional improvement could have been achieved and/or effected on and around the date of the request and/or around the date of the Utilization Review Report. Therefore, the request was/is medically necessary.