

Case Number:	CM14-0009099		
Date Assigned:	02/12/2014	Date of Injury:	04/26/2001
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/23/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient presents with status post left knee scope with scar resection and left TK revision from April 11, 2012. The patient also has right knee pain which has been progressive, having had arthroscopic surgery twice in 2008. Since the knee revision April 2012, left knee range of motion is improved, less painful overall, able to walk, stand longer. The range of motion and strength improved. Under Impression and Plan, it states, "Start PT." The patient was to increase anti-inflammatories and tramadol for foot pain. The patient is medically retired; continue neuromuscular stimulator and referral for custom knee brace. The listed diagnoses are derangement medial meniscus, osteoarthritis, plica syndrome. Included in the medical records are physical therapy notes from October 10, 2013 to November 19, 2013. The November 19, 2013 therapy report indicates that this is 9 of 12 sessions. The treating physician indicates that the patient had "big revision surgery on the left, which may have effectively lengthened the quad muscle, but he is now recovering active extension as we would expect." The October 10, 2013 report states that the patient is status post left knee synovectomy from October 2, 2013. The request for additional physical therapy 2 times a week for 3 weeks was denied by utilization review letter December 31, 2013. This letter indicates that the request was made on December 18, 2013, and the rationale for determination was to modify the request and certify 6 additional sessions of physical therapy with reevaluation after those visits were objectively received a functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TREATMENT TO THE LEFT KNEE FOR 6 SESSIONS, 2 TIMES A WEEK FOR 3 WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Knee Page(s): 24,25.

Decision rationale: This patient presents with some left knee pain, being status post recent arthroscopic left knee surgery from October 2, 2013 where synovectomy and manipulation under anesthesia was performed for removal of scar tissue. Review of the report show that the patient has completed 12 sessions of physical therapy, and was able to review therapy reports from October 10, 2013 to November 19, 2013. Unfortunately, the treating physician's report containing the request for additional physical therapy is missing. There was no discussion regarding the patient's progress other than the physical therapy reports that were provided. Therapy reports are handwritten and difficult to read, and it only reports "increased flexibility" but does not provide the range of motion. The California MTUS Guidelines regarding postoperative physical therapy under Manipulation Under Anesthesia allow 20 visits over 4 months. This patient only has completed 12 sessions and the requested for 6 additional sessions. The request is within 20 sessions of recommended postoperative physical therapy following manipulation under anesthesia per California MTUS Guidelines. The request is medically necessary.