

Case Number:	CM14-0100600		
Date Assigned:	07/30/2014	Date of Injury:	11/17/2012
Decision Date:	09/11/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/30/2014

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 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:

According to the records made available for review, this is a 53-year-old male with a 11/17/12 date of injury, and right knee arthroscopy and partial medial meniscectomy, and chondroplasty on 2/25/14. At the time (5/8/14) of request for authorization for post-op physical therapy for right knee 2x6, there is documentation of subjective (slight limp, some swelling, quads weakness and kneecap pain) and objective (1+ effusion, 4/5 quads strength, some peripatellar tenderness) findings, current diagnoses (right knee medial meniscus tear and chondromalacia of the trochlea), and treatment to date (12 sessions of post-op physical therapy treatments certified to date). Medical reports identify 9 of 12 previously certified post-op physical therapy sessions completed today. There is no documentation of a functional benefit as a result of 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy for right knee 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Postsurgical Treatment Guidelines.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of Post-Operative Physical Therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right knee medial meniscus tear and chondromalacia of the trochlea. In addition, there is documentation of a 2/25/14 right knee meniscectomy and chondroplasty. However, there is documentation of 12 Post-Op Physical Therapy visits certified to date, which is the limit of physical therapy guidelines. In addition, given documentation of 9 of previously certified 12 post-op physical therapy sessions completed to date, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications following completion of the previously certified 12 post-op physical therapy visits. Therefore, based on guidelines and a review of the evidence, the request for Post-Op Physical Therapy for right knee 2x6 is not medically necessary.