

Case Number:	CM14-0102387		
Date Assigned:	07/30/2014	Date of Injury:	10/22/2007
Decision Date:	10/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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, 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 38 year old female with a 10/22/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/17/14 noted subjective complaints of bilateral knee pain right greater than left. Objective findings included well-healed arthroscopic wounds. Diagnostic Impression: medial cartilage tear of meniscus, lateral cartilage tear of meniscus, osteoarthritis. Treatment to Date: medication management, Synvisc injections, aqua therapy, physical therapy, knee arthroscopic surgery. A UR decision dated 6/24/14 modified the request for additional post-operative physical therapy for the left knee (3x3), certifying 2x2. The records do not show how much PT this individual has attended post-operatively and there is no progress note from PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the left knee, three sessions per week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on

Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6, page 114

Decision rationale: CA 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. MTUS post-surgical treatment guidelines state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Guidelines do allow up to 12 visits over 12 weeks. However, the patient is noted to have had previous post-operative physical therapy. But there is no mention of the number of previous sessions nor documentation of objective benefit derived from previous therapy. Therefore, the request for additional post-operative physical therapy for the left knee, three sessions per week for three weeks was not medically necessary.