

Case Number:	CM14-0106074		
Date Assigned:	07/30/2014	Date of Injury:	07/02/2013
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 a licensed Chiropractor and is licensed to practice in New York. 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 58 year old male who sustained an industrial injury that occurred on July 2, 2013 while employed by [REDACTED]. He fell hurting his left shoulder, right knee and low back. Thus far, treatment has consisted of right knee arthroscopy with medial meniscectomy on 1/29/14. He has received 12 post op therapy sessions, 6 post op acupuncture sessions and medication. A progress note dated 5/7/14 indicated the applicant presented with subjective complaints of right knee pain with improved range of motion. Examination indicated Achilles tightness, fibular head tightness, and tight iliotibial band. Range of motion was 130 degrees. A progress note dated 6/9/14 indicated right knee pain, tenderness to palpation in the right knee with reduced swelling and 140/150 degrees range of motion. A PR2 progress note dated 6/18/14 indicated there was more flexibility with the right knee, there was continued palpable tenderness, range of motion was 140/150, continued fibular head tightness and iliotibial band tightness. Physiotherapy was rendered. Upon review of physical therapy treatment notes dated 4/30/14-6/4/14 treatment consisted of electrical stimulation, ultrasound, therapeutic exercises and myofascial release to the right knee. In a utilization review dated 6/26/14, the reviewer determined the proposed physiotherapy 1x per week for 4-6 weeks were not medically necessary as per the CA MTUS 2009 Chronic Pain Medical Treatment Guidelines, ACOEM Pain, Suffering and the Restoration of Function Chapter (page 114), CA MTUS 2009 Post surgical treatment Guidelines. The reviewer indicated the applicant was status post right knee arthroscopy with medial meniscectomy (1/29/14) and underwent 12 post op therapy sessions and 6 post op acupuncture. There were no specific functional improvements noted from rendered treatment. In addition the patient has already completed the guideline recommended number of PT sessions following meniscectomy as well as 6 post operative acupuncture sessions. It was

unclear as to why the applicant is unable to transition to a home exercise program. Non-certification was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physiotherapy 1 time a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The applicant is a 58 year old male who sustained an industrial injury that occurred on July 2, 2013 while employed by [REDACTED]. He fell hurting his left shoulder, right knee and low back. On 6/19/14 there was a chiropractic request for physiotherapy one time per week for four-six weeks to the right knee in regards to a diagnosis of status post right knee arthroscopy and knee tendonitis. The applicant underwent right knee arthroscopy with medial meniscectomy on 1/29/14. He has received 12 post op therapy sessions, 6 post op acupuncture sessions and medication. The Chronic Pain Medical Treatment Guidelines pages 98-99 does recommend physiotherapy to provide short term relief during early phases of pain and are directed to controlling pain, inflammation and swelling. The records do indicate that the swelling has decreased, no indication of any inflammation documented. There were still complaints of right knee pain and tenderness. There is no indication of a complication to recovery or extenuating clinical circumstances that would support continued physiotherapy beyond the exceeded guidelines. There was no indication that he was progressed to an independent home exercise program. The CA MTUS Post Surgical Treatment Guidelines for a meniscectomy recommends 12 post surgical visits over 12 weeks, post surgical physical medicine treatment period is 6 months. The requested physiotherapy 1x per week for 4-6 weeks is not sanctioned in the guidelines and therefore not medically necessary.