

Case Number:	CM14-0106855		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2013
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
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 Board Certified in Physical Medicine and Rehabilitation, 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:

This is a patient with the date of injury of July 30, 2013. A utilization review determination dated June 13, 2014 recommends no certification for additional postoperative physical therapy for the left knee. No certification was recommended since the patient is doing well and has exceeded the number of PT visits supported by guidelines (28 sessions with 4 to go). A progress report dated June 18, 2014 indicates that the patient's date of surgery was January 28, 2014. The surgical procedure was partial meniscectomy. Subjective complaints indicate that the knee has been improving, strength, and pain. The patient is able to bike without any difficulty. Physical examination identifies balanced and symmetrical gait, normal range of motion, positive patellofemoral crepitus, unable to kneel on the affected side, 4+/5 quadriceps/hamstring strength on the left with 5/5 strength elsewhere, and normal sensation. Also, TTP over pes anserine, Gerdy's tubercle, and the IT band. Diagnoses included knee arthralgia, patellar tendinitis, prepatellar bursitis, knee sprain/strain, and knee meniscus tear. The treatment plan recommends a home exercise program, and continuing physical therapy 2 times a week for 4 weeks for additional strengthening and pain control along with treatment of hamstring insertion and IT band tendinitis. A progress report dated February 7, 2014 identifies tenderness to palpation over the medial joint line of the left knee. A physical therapy note dated March 20, 2014 indicates that the patient has undergone 10 of 12 physical therapy visits. The strength in the lower extremities is 5/5 with the exception of the left quadriceps, which is 4+/5. A progress note dated April 15, 2014 indicates that the patient has had 13 total physical therapy visits. Strength is 5/5 in the lower extremities with the exception of the left quadricep, which is 4+/5. The note goes on to indicate that the patient has full knee range of motion and strength and resolution of pain/edema since the beginning of therapy. The note indicates that he demonstrates faulty motor timing and recruitment with functional activities such as squatting and taking stairs. The note indicates that

the patient requires additional physical therapy for neuromuscular reeducation and a home exercise program. 8 to 10 visits are recommended. A progress note dated April 24, 2014 indicates that the patient has completed 12 sessions of PT since surgery, with 12 sessions completed prior to surgery. A discharge report from physical therapy indicates that the patient has undergone 20 physical therapy sessions since the date of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy to left knee Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine therapy; Knee, dislocation of knee; tear of medial/lateral cartilage/meniscus of knee; dislocation of patella, Postsurgical Treatment Guidelines Page(s): 24,25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The ODG recommends a maximum of 12 postsurgical therapy visits for the treatment of meniscus injuries. Within the documentation available for review, it is clear the patient made substantial progress with the physical therapy already provided. The patient's physical examination findings are nearly normal. The requesting physician has indicated that the patient has some complaints that may be consistent with tendinitis in the IT band. It is unclear if the patient has been consistent with a home exercise program to address this issue, prior to the request for additional physical therapy. The patient has already undergone 20 post surgical therapy sessions, exceeding the maximum number recommended by guidelines for his diagnosis. Additionally, it is unclear how additional physical therapy will be able to help the patient beyond what was already achieved with the therapy provided. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary. Additionally, it is unclear how additional physical therapy will be able to help the patient above and beyond what was already achieved with the therapy provided. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.