

Case Number:	CM14-0107339		
Date Assigned:	08/01/2014	Date of Injury:	10/27/2012
Decision Date:	09/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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:

The injured worker is a 52-year-old female with a reported date of injury on 10/27/2012. The mechanism of injury was not submitted within the medical record. Her diagnoses were noted to include lumbar spine sprain/strain, rule out herniated lumbar discs; clinical left lower extremity radiculopathy; left knee sprain/strain; left knee internal derangement; and left ankle sprain/strain with Achilles tendinitis. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 02/07/2014 revealed the injured worker had undergone arthroscopic surgery to the left knee and was there for a follow-up. The physical examination revealed the surgical wound was clean. The provider indicated the injured worker was informed she would start on physical therapy to the left knee 3 times a week for 4 weeks. The physical therapy note from 03/14/2014 revealed the injured worker complained of left knee pain status post arthroscopy for a meniscectomy, chondroplasty, and synovectomy. The injured worker indicated she had been using crutches since surgery and only walked very short distances. The provider indicated the injured worker had had physical therapy for her knee 6 months prior to the surgery, which she reported a mild decrease in symptoms with all activities of daily living, but still had pain. The active range of the physical examination left knee revealed mild edema and a decreased range of motion. The Request for Authorization form was not submitted within the medical records. The request was for additional physical therapy for 12 visits due to limited range of motion and movement avoidance behavior due to longevity of time between completing surgery and starting physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for 12 visits: Upheld

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

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

Decision rationale: The request for additional physical therapy for 12 visits is not medically necessary. The injured worker has received previous physical therapy sessions postoperatively. The Postsurgical Treatment Guidelines recommend for meniscectomy 12 visits over 12 weeks with postsurgical physical medicine treatment period of 6 months. The injured worker has recommended previous physical therapy sessions; however, there is a lack of documentation regarding number of sessions completed and quantifiable objective functional improvement with previous physical therapy sessions. Therefore, due to the lack of documentation regarding current measurable functional deficits, quantifiable objective functional improvements with previous physical therapy, and the number of sessions completed, additional physical therapy is not appropriate at this time. Additionally, the request for 12 additional sessions exceeds guideline's recommendations. Therefore, the request is not medically necessary.