

Case Number:	CM14-0107477		
Date Assigned:	08/01/2014	Date of Injury:	01/18/2010
Decision Date:	09/22/2014	UR Denial Date:	06/23/2014
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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 51 year old female with a reported date of injury on 01/18/2010. The mechanism of injury was not indicated. The injured worker had diagnoses of left medial meniscus tear and osteoarthritis localized primary involving lower leg. The injured worker underwent arthroscopic partial medial meniscectomy and chondroplasty on 03/10/2014. An x-ray of the left knee was performed in 2013. Prior treatments included physical therapy. The injured worker had complaints of pain, swelling and cramps in the left knee. The physical therapy progress note dated 07/31/2014 noted the injured worker had 95 percent active range of motion to her left knee with pain rated 2/10. The provider recommended the injured worker continue with a home exercise program. The clinical note dated 08/28/2014 included objective findings of tenderness along the incision site. It was noted the injured worker completed 18 visits of physical therapy as of 08/28/2014 and the injured worker was advised that additional visits of physical therapy would not greatly improve her status and, to continue with her home exercises. Medications included ibuprofen and motrin. The rationale was not provided within the medical records received. The request for authorization form was received on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy x 8 visits, left knee per RFA dated 06/04/2014 Qty: 8:
Upheld

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

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

Decision rationale: The injured underwent an arthroscopic partial medial meniscectomy and chondroplasty on 03/10/2014. The physician noted the injured worker completed 18 sessions of physical therapy. The injured worker was advised she would not greatly benefit from additional physical therapy. The physical therapy progress note dated 07/31/2014 noted the injured worker had 95 percent active range of motion. The California MTUS guidelines recommend 12 sessions of physical therapy over 12 weeks after meniscectomy. The guidelines recommend a physical medicine treatment period of 6 months. The injured worker has completed 18 visits of physical therapy, an additional 8 visits would exceed the guidelines recommendations. There is a lack of documentation indicating the injured worker experienced significant objective functional improvement with the prior physical therapy sessions. Per the physical therapy note dated 07/31/2014, the injured worker's range of motion was 95%; therefore, a formal physical therapy program would not be indicated. As such, the request for additional post-op physical therapy times 8 visits, left knee per RFA dated 06/04/2014 Qty: 8 is not medically necessary.