

Case Number:	CM14-0109147		
Date Assigned:	08/01/2014	Date of Injury:	09/10/2013
Decision Date:	09/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 a date of injury of 9/10/13. A utilization review determination dated 7/2/14 recommends non-certification of additional post-op PT. 7/10/14 medical report identifies overall improvement with persisting symptoms after prolonged walking over 4 blocks and also calf swelling. On exam, gait is normal, 1/2 squat limited, tender over patella and less so medial and lateral. Treatment plan included naproxen and regular stretches. 7/9/14 medical report identifies a peer-to-peer with the utilization reviewer. PT not assessed to be indicated, can continue stretches and strengthening at home. 6/19/14 medical report identifies nearly 4 months post-op left knee partial medial meniscectomy, walking remains limited, and numbness with prolonged walking, pain. On exam, gait is antalgic with tightness with flexion just over 90 degrees and tenderness. 5/15/14 therapy note identifies completion of 6 PT sessions at that point.

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 2x/ week x3 weeks, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10 and 24-25.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 12 postoperative PT sessions, with half that amount recommended initially. They also cite that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is indication of completion of at least 6 prior PT sessions, but there is no documentation of specific remaining deficits requiring ongoing formal physical therapy treatment rather than transition to an independent home exercise program to address any residual issues with tenderness and symptoms after prolonged walking. In the absence of such documentation, the currently requested physical therapy is not medically necessary.