

Case Number:	CM14-0013526		
Date Assigned:	02/26/2014	Date of Injury:	03/26/2013
Decision Date:	11/17/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 Management and is licensed to practice in Alabama. 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 patient is a 53 year old male who reported an injury on 3/26/2013. The mechanism of injury was due to lifting a patient. There were no medications noted. His surgical history included left knee surgery on 8/1/2013. Other therapies were noted to include physiotherapy 2 times, cane, a knee brace, TENS unit and home exercise kit. Progress report date 3/22/2013 indicated the patient presented with complaints involving the left knee. The patient describes having limited endurance for standing and walking. On exam, there is evidence of healed arthroscopy portals, with tenderness at the medial and lateral joint lines. He has limited extension at -3 degrees; flexion at 115 degree with positive McMurray's; positive Apley's and positive chondromalacia compression test. He was diagnosed with status post arthroscopy surgery left knee, with residual internal derangement; medial meniscus tear; synovitis and effusion. The patient was recommended for 18 physiotherapy visits for the left knee. Prior UR date 1/20/2014 denied the request because the clinical information submitted for review does not provide any evidence of postoperative PT or the efficacy physical therapy received. There is no indication that the patient is participating in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN PHYSIOTHERAPY VISITS FOR THE LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Physical therapy

Decision rationale: The above ODG guidelines for knee physical therapy recommend 12 visits for post-surgical (meniscectomy) patients. In this case, note from 3/26/13 states diagnoses of "Status post arthroscopy surgery left knee, with residual internal derangement, medial meniscus tear, synovitis and effusion" and demonstrates "limited extension at -3 degrees, flexion at 115 degrees." The patient has limitations with range of motion status post arthroscopic surgery of the knee and is indicated 12 PT visits. The request in this case is for 18 visits. Because I am asked to decide yes or no regarding medical necessity, and not to modify the order, I will lean towards the side of patient care in this case and approve all 18 sessions rather than 0 sessions. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.