

Case Number:	CM14-0017183		
Date Assigned:	04/14/2014	Date of Injury:	09/24/2009
Decision Date:	05/29/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/11/2014

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 Illinois. 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 50-year-old female who reported an injury on 09/24/2009 after a steel plate fell on top of her. The injured worker reportedly sustained injury to multiple body parts. The injured worker's treatment history included mutl surgical interventions, chiropractic care, acupuncture, physical therapy, injections and multiple medications. The injured worker underwent an arthroscopic lateral meniscectomy on 11/08/2013. This was followed by 12 visits of a postsurgical physical therapy. The injured worker was evaluated on 10/30/2013. It was noted that the injured worker had made improvements with physical therapy; however, had continued intermittent swelling and pain with prolonged weightbearing activities. Physical findings included range of motion described as 0 degrees to 130 degrees with 4+/5 strength in all planes. It was documented that the injured worker was struggling with single leg exercises and double leg deep squatting. The injured worker's diagnosis included medial meniscus tear of the left knee, status post left knee diagnostic and operative arthroscopy with lateral meniscectomy debridement and chondroplasty. Due to the injured worker's continued deficits, an additional 12 visits of physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend postoperative physical therapy. The clinical documentation indicates that the injured worker has undergone a meniscectomy. The California Medical Treatment Utilization Schedule recommends 12 visits of postoperative physical therapy for this surgery. The clinical documentation indicates that the injured worker has already participated in 12 visits of physical therapy and has remaining deficits that require additional supervised skilled therapy. However, there is no documentation that the injured worker has been transitioned into a home exercise program. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. Although the injured worker has completed the recommended number of visits, an additional 1 to 2 visits would be appropriate to transition the patient into a home exercise program. The requested 12 visits would be considered excessive. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. Additionally, the requested 12 physical therapy visits does not clearly identify a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 12 physical therapy visits are not medically necessary or appropriate.