

Case Number:	CM14-0018962		
Date Assigned:	04/23/2014	Date of Injury:	07/18/2013
Decision Date:	07/09/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of July 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; consultation with an orthopedic knee surgeon; and earlier knee meniscectomy surgery. In a utilization review report dated January 20, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy as 6 sessions of physical therapy, active modalities only. The claims administrator stated that the applicant already had 12 sessions of postoperative physical therapy, but that the applicant had been making slower progress than usual and that the applicant had nevertheless made some functional improvement with earlier treatment. The applicant subsequently appealed. In a January 6, 2014, progress note, the applicant presented with persistent knee and calf pain. It was stated that the applicant had pain about the calf, which could represent a DVT. A right lower extremity venous duplex ultrasound was sought. Naprosyn, Protonix, Soma, and Norco were prescribed. The applicant was placed off work, on total temporary disability. Additional physical therapy was seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 4 WEEKS FOR THE RIGHT KNEE WITH U/S MASSAGE AND THERAPEUTIC EXERCISES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the claims administrator, the applicant had already had 12 prior sessions of physical therapy through the date of the request, seemingly consistent with a 12-session course recommended in MTUS 9792.24.3 following the meniscectomy surgery, which apparently transpired here. As further noted in MTUS 9792.24.3.c.4.b, in cases in which no functional improvement is demonstrated, postsurgical physical medicine treatment shall be discontinued at any point. In this case, the applicant was/is off work, on total temporary disability, as of the date of the request. The applicant was apparently having heightened knee and calf complaints. The attending provider stated that he apparently suspected a deep venous thrombosis. The applicant remained reliant on opioid agents, including Norco. All the above, taken together, implied a lack of functional improvement as defined in MTUS 9792.20(f) despite earlier completion of 12 sessions of postoperative therapy. Therefore, the request for additional postoperative physical therapy is not medically necessary.