

Case Number:	CM14-0019485		
Date Assigned:	04/21/2014	Date of Injury:	09/11/2012
Decision Date:	09/09/2014	UR Denial Date:	02/03/2014
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 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:

The injured worker is presented with a date of injury of September 11, 2012. A utilization review determination dated February 3, 2014 recommends noncertification of 8 additional physical therapy sessions for the right knee. Noncertification was recommended as the patient has had at least 12 sessions of physical therapy already with little objective benefit. A progress report dated November 20, 2013 indicates that the patient underwent surgery on September 5, 2013. The patient continues to have constant pain which wakes him up at night as well as quadricep weakness. Physical examination reveals range of motion -4/100, severe VMO atrophy, quadriceps strength 3/5, and hamstring strength 4/5. Diagnoses include status post surgery right knee VA. The treatment plan indicates that the patient is "slowly improving with physical therapy but still has a significant muscle weakness which is causing him difficulty walking." A progress report dated January 21, 2014 identifies physical examination findings including range of motion -4/100, severe VMO atrophy, quadriceps strength 3/5 and hamstring strength 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional physical therapy sessions for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. California MTUS guidelines recommend a maximum of 12 postoperative therapy sessions following meniscectomy. Within the documentation available for review, and there is no change in strength or range of motion from November to January. It is unclear how many physical therapy sessions have already been provided. There is no clear documentation of any of objective functional improvement from the therapy sessions already provided. Additionally, it is unclear if the patient is undergoing a progressive strengthening and stretching program independently at home. Therefore, the request for eight additional physical therapy sessions for the right knee is not medically necessary and appropriate.