

Case Number:	CM14-0118025		
Date Assigned:	08/06/2014	Date of Injury:	01/28/2013
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 patient is a 39-year-old-male who sustained industrial injury on 01/28/13, while performing his job duties as a Facility Technician. He states he twisted his left knee while lifting himself off an access ladder onto a roof. He was initially treated at another facility for Physical Therapy but he mentioned that he didn't have any results. He continued to complain of left knee pain with popping and cracking, but felt relief for about a week after cortisone injection. He has difficulty sleeping due to pain. The exam shows trace left knee effusion with tenderness medially. Range of Motion (ROM) was 0-125 degrees. Knee stable to varus and valgus stress. On 12/18/13, a left knee MRI revealed a small joint effusion, small popliteal cyst and degeneration of supraspinatus tendon. Medications include prescriptions for topical anti-inflammatory to help him with inflammation; pain medications as needed; NSAIDS, and muscle relaxants. On April 30, 2014, the patient had left knee arthroscopy, for loose body removal, medial meniscus repair and partial lateral meniscectomy and chondroplasty. He was approved for 6 post-operative physical therapy sessions. Recommendations: The patient needs to have more aggressive physical therapy as he is more than six weeks out from surgery. He was prescribed aggressive therapy twice a week for six weeks and is currently in therapy. The patient has had 14 post-op physical therapy sessions. He continues to observe his left knee complaints of locking and may have some weakness in the knee. Current diagnosis: Patient is status post left knee arthroscopy, loose body removal, medial meniscus repair, and partial lateral meniscectomy and chondroplasty. The patient was advised to continue physical therapy. He can remove his brace and ambulate with crutches with the brace with full weight bearing. Request made for 12 post-op physical therapy sessions for left knee, modified for 2 post-operative therapy sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98. The Expert Reviewer's decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. Furthermore, the records lack detailed pain and functional assessment (i.e. significant improvement in the objective measurements) to support any indication of more PT visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Also, additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.