

Case Number:	CM14-0127631		
Date Assigned:	08/15/2014	Date of Injury:	06/15/2013
Decision Date:	09/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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 Texas. 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 42 year old female who sustained an injury to her right knee on 06/15/13 after a fall. MRI of the right knee dated 08/12/13 revealed a partial thickness ACL tear. An operative note dated 04/25/14 reported that the injured worker underwent a partial meniscectomy, ACL hamstring allograft reconstruction, with 18 postoperative physical therapy visits. Progress report dated 06/03/14 reported that the injured worker was off crutches and complained of pain at 5-6/10 VAS that is burning, throbbing, with knee locking while walking. A clinical note dated 07/03/14 reported that the injured worker continued to complain of popping, buckling, and moderate right knee pain. Physical examination noted limping, tenderness of the medial joint line, positive McMurray's and patellar grind test. The injured worker stated that she "had only a few postoperative physical therapy visits that provided only mild help". The injured worker underwent a functional capacity evaluation on 07/10/14 that reportedly recommended the injured worker to go to physical therapy for an additional 3 x a week x 4 weeks of postoperative physical therapy to address remaining functional deficits. The records indicate that the injured worker is not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT RT Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for physical therapy for the right knee is not medically necessary. The previous request was denied on the basis that it appears that the injured worker has changed primary treating physicians. The injured worker stated that she "had only a few postoperative therapy sessions". In actuality, she was approved for 18 with the last 6 dated 06/09/14. Therefore, presuming she attended those 18 visits and given her current status suggestive of a medical derangement, the injured worker may benefit from an updated orthopedic surgeon evaluation before repeating another excessive 12 therapy visits. The CAMTUS states that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The CAMTUS recommends up to 12 visits over 12 weeks for a period not to exceed 6 months following a meniscectomy procedure. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Furthermore, the frequency/duration was not specified in the request. Given this, the request for physical therapy of the right knee is not medically necessary.