

Case Number:	CM14-0129510		
Date Assigned:	08/29/2014	Date of Injury:	09/03/2013
Decision Date:	12/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal 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 injured worker (IW) is a 65-year-old man who sustained an injury on September 3, 2013 while picking strawberries. The injuries sustained were not documented in the medical record. The IW has been diagnosed with right knee medial meniscus tear, and had surgery on March 31, 2014. The IW is status post 12 postoperative physical therapy (PT) sessions according to the provider. The UR summary indicated that the IW has completed 24 sessions of physical therapy postoperatively. Pursuant to the progress note dated July 17, 2014, the IW complains of ongoing episodic pain and he cannot kneel or squat. Objective physical findings include mild medial effusion. There is mild medial joint line tenderness. Anterior drawer test is negative. Lachman's test is negative. There was no pain or instability with valgus or varus stress. Current medications include Atenolol 50mg, Ibuprofen 800mg, and Duexis as needed. The IW was diagnosed with medial meniscus tear; patellofemoral arthrosis; and arthroscopic medial meniscectomy. The provider indicated that the PTR has appears to have been helpful. The provider is recommending 6 additional physical therapy sessions, 2 times a week for 3 weeks. He continues his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 times 3 weeks Post Operative physical therapy for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy 2 to 3 times per week times three weeks post-operative right knee is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if patients are moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). Postsurgical meniscectomy patients may receive 12 visits over 12 weeks. The guidelines allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. In this case, the injured worker sustained an injury to the right knee resulting in a medial meniscus tear. The injured worker received 12 postoperative therapy visits. The injured worker had ongoing episodic pain and is unable to kneel and squat. The injured worker noted physical therapy had been helpful but as noted above the condition was not improved. The guidelines allow for fading of treatment frequency (from up to three visits per week to one or less) plus active self-directed home physical therapy. There is no clinical rationale in the medical record indicating what an additional nine physical therapy sessions would achieve. The injured worker received 12 physical therapy sessions with ample exposure to perform these therapy exercises in a home-based setting. Consequently, additional physical therapy 2 to 3 times per week for three weeks to the postoperative right knee is not medically necessary.