

Case Number:	CM14-0133235		
Date Assigned:	08/22/2014	Date of Injury:	10/01/2010
Decision Date:	09/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/20/2014

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:

This 54 year-old patient sustained an injury on 10/1/10 from lifting a gate on a truck that became loose and hit her knees while employed by [REDACTED]. Request(s) under consideration include Physical therapy, right knee x6 sessions. Diagnoses included lateral meniscus tear s/p arthroscopic partial right lateral meniscectomy and lateral compartment, medial femoral condyle and patellofemoral chondroplasty on 5/23/14. Physical therapy report of 7/16/14 noted the patient with ongoing knee complaints with pain rated at 6-8/10. Exam showed knee flex/ext of 135/0 degrees; 5-/5 quad strength and 4/5 hamstring from pain; some improvement noted; however, she continued with limited tolerance to close-chained exercises and significant knee pain. Report of 7/17/14 from the provider noted the patient making slow progress. Aspiration of fluid was done and the knee was injected with Kenalog. Treatment plan included PT x 12 sessions which was modified to 6 visits. The request(s) for Physical therapy, right knee x6 sessions was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy ,right knee x6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and possible meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now almost 4 months without documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy for arthroscopy without demonstrated complications or comorbid issues. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy, right knee x6 sessions is not medically necessary and appropriate.