

Case Number:	CM14-0138260		
Date Assigned:	09/05/2014	Date of Injury:	05/08/2013
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of May 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier knee arthroscopy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated July 28, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy as two sessions of physical therapy. The claims administrator noted that the applicant was status post right knee meniscectomy on February 6, 2014. It appeared that the claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines despite the fact that the applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3. The applicant's attorney subsequently appealed. The operative report of February 6, 2014 was reviewed. The applicant did undergo a partial lateral meniscectomy, extensive synovectomy, and chondroplasty. The applicant was placed off of work, on March 14, 2014, on total temporary disability. On April 11, 2014, the applicant was described as having persistent complaints of low back and knee pain. The applicant was improving. The applicant was off of medications. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. The applicant did exhibit a slightly antalgic gait. Work restrictions were again endorsed on May 9, 2014, although, once again, it did not appear that the applicant was working with said limitations in place. 4/5 right lower extremity strength was noted with some medial joint line tenderness. Additional physical therapy for strengthening purposes was sought. On May 6, 2014, the applicant stated that he had some occasional complaints of his knee giving way with ambulation. The applicant stated that he was having difficulty squatting and lifting heavy articles. On May 15, 2014, the applicant stated that he was struck in the back of his

thigh/knee by a taxi. In a physical therapy note dated May 20, 2014, it was stated that the applicant had comorbidities including a hernia. On July 11, 2014, the applicant was described as not being able to do some of his essential job functions, including heavy lifting. Additional physical therapy was therefore sought to facilitate the applicant's return to work, it was stated. It was stated that the applicant's employer was unable to accommodate his limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post operative Physical Therapy three (3) times a week for four (4) weeks to the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Physical Therapy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While approval of the request does represent extension of treatment beyond the 12-session course recommended in MTUS 9792.24.3 following knee meniscectomy surgery, as apparently transpired here, this recommendation is qualified by commentary in MTUS 9792.24.3.c.2 to the effect that an applicant's need for postsurgical physical medicine is contingent on prior pathology involving the same body part, the number of surgical procedures undertaken, comorbid medical conditions, and the applicant's essential job functions. In this case, the applicant apparently has a job which requires extensive lifting. The applicant is unable to meet job demands, the attending provider has posited, without additional formal physical therapy. The applicant has also sustained subsequent injury to the knee and thigh. The applicant was apparently struck by a taxi. The applicant also has a comorbid hernia. All of the above, taken together, does make a compelling case for extensive treatment beyond MTUS parameters. Therefore, the request is medically necessary.