

Case Number:	CM14-0171958		
Date Assigned:	10/23/2014	Date of Injury:	02/22/2014
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family 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:

This is a 43 year old female patient who sustained a work related injury on 2/22/14. Patient sustained the injury when she was standing on and fell on the right knee. The current diagnoses include derangement of meniscus, sprain and strain of the knee, medial collateral ligament, and sprain and strain of the lumbosacral. According to the note dated 07/02/14, the level of disability was 55 percent, disability levels between 41 and 60 percent qualified as severe. According to the Primary Treating Physician's Progress Report dated 09/22/14, the patient had complained of right shoulder, low back, right sacroiliac joint, right hamstring, right knee, neck, upper back, mid back, lower back and sacrum pain. On examination of the low back, limited range of motion (ROM) and tenderness to palpation per the doctor's note dated 10/21/14, patient has complaints of sharp, shooting pain at patella with radiation into the leg and hip. Physical examination revealed limping gait, no swelling or tenderness on palpation, painful ROM, and negative all special tests and normal sensory and motor examination. The current medication lists include Voltaren and Ibuprofen. The patient has had MRI of the right knee on 5/9/14 that revealed a clear cut medial meniscal tear and X-ray on 5/9/14 that was normal. The patient underwent an arthroscopic partial medial meniscectomy of the right knee and arthroscopic chondroplasty with shaving of articular cartilage patella of the right knee on 07/09/14. The patient has completed post-operative physical therapy (PT) on 07/29/14 to 09/14/14 (unknown number of visits completed), chiropractic treatment at T5, T6, L4, and L5, therapeutic exercises of the right knee and low back, neuromuscular re-education, use of electrical stimulation times 4 for the low back, right hip, right knee (06/25/14, 06/30/14, 07/2/14, 07/7/14) for this injury. The patient has used brace and one crutch for this injury. The patient was dispensed an H-Wave unit for home use for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) neuromuscular reeducation sessions for the right knee / low back (45 minute sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 12 visits over 12 weeks and postsurgical physical medicine treatment period: 4 months. The patient has completed post-operative physical therapy (PT) on 07/29/14 to 09/14/14 (unknown number of visits completed), chiropractic treatment at T5, T6, L4, and L5, therapeutic exercises of the right knee and low back, neuromuscular re-education, use of electrical stimulation times 4 for the low back, right hip, right knee (06/25/14, 06/30/14, 07/2/14, 07/7/14) for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. The patient underwent an arthroscopic partial medial meniscectomy of the right knee and arthroscopic chondroplasty with shaving of articular cartilage patella of the right knee on 07/09/14. The patient is also past the post-surgical physical medicine treatment period. In addition as per cited guideline "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits.... Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the right knee is not specified in the records provided. Therefore, the ten (10) neuromuscular reeducation sessions for the right knee / low back (45 minute sessions) are not medically necessary and appropriate.

Ten (10) rehab Therapeutic Exercises sessions for the right knee / low back (15 minute sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

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

Decision rationale: CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 12 visits over 12 weeks and postsurgical physical medicine treatment period: 4 months. The

patient has completed post-operative physical therapy (PT) on 07/29/14 to 09/14/14 (unknown number of visits completed), chiropractic treatment at T5, T6, L4, and L5, therapeutic exercises of the right knee and low back, neuromuscular re-education, use of electrical stimulation times 4 for the low back, right hip, right knee (06/25/14, 06/30/14, 07/2/14, 07/7/14) for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. The patient underwent an arthroscopic partial medial meniscectomy of the right knee and arthroscopic chondroplasty with shaving of articular cartilage patella of the right knee on 07/09/14. The patient is also past the post-surgical physical medicine treatment period. In addition as per cited guideline "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits.... Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the right knee is not specified in the records provided. Therefore, the ten (10) rehab Therapeutic Exercises sessions for the right knee / low back (15 minute sessions) are not medically necessary and appropriate.