

Case Number:	CM14-0034818		
Date Assigned:	06/20/2014	Date of Injury:	03/04/2013
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Pain Management 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 female patient with a date of injury of March 14, 2013. A utilization review determination dated March 13, 2014 recommends non-certification of right knee physical therapy for two times per week for three weeks for a total of six sessions. A progress note dated March 5, 2014 identifies subjective complaints of mild to moderate constant right knee pain and right leg weakness. The patient is currently taking Meloxicam and Tylenol number three. Physical examination of the right knee identifies a normal gait, inspection of the right knee within normal limits, tenderness to palpation of the medial collateral ligament, tenderness of palpation of the medial right knee, flexion of the right knee at 130, extension of the right knee at 175, a negative McMurray test, and 5/5 bilateral lower extremity strength. The diagnoses include right knee degenerative joint disease, right knee weakness, status post right knee arthroscopy. The patient underwent right knee arthroscopy, debridement, and partial medial meniscetomy on October 24, 2013. The treatment plan recommends ice, rest, nonsteroidal anti-inflammatory drugs, home exercise program for quads, and six additional sessions of physical therapy. The physician notes that the patient has been making good improvement with the therapy that she has received so far, the goals of more therapy is to focus on improving function and decreasing pain medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for three (3) weeks, six (6) sessions for the right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for 6 sessions of physical therapy for the right knee, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total physical therapy sessions after meniscectomy, with half that amount recommended initially. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Furthermore, the patient has received certification for 20 physical therapy sessions since having the meniscectomy, exceeding the number of recommended post-op visits of 12. There is also no documentation stating why the patient would require more than the guidelines recommended quantity of sessions. In the absence of such documentation, the current request for 6 sessions of physical therapy for the right knee is not medically necessary.