

Case Number:	CM14-0040345		
Date Assigned:	06/27/2014	Date of Injury:	12/12/2012
Decision Date:	09/15/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/07/2014

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 62 year old female who reported an industrial injury on 12/12/2012 to the bilateral knees, 21 months ago, attributed to the performance of her job tasks. The patient is noted to have undergone left knee arthroscopy on 3/14/2013 for a partial meniscectomy and chondroplasty. The patient underwent arthroscopy to the right knee on 5/9/2013. The patient was diagnosed with a medial/lateral meniscus tear and chondromalacia patella. The patient underwent postoperative rehabilitation physical therapy and aquatic therapy to the bilateral knees. The patient complained of continued bilateral knee pain. The objective findings on examination included light edema; slight atrophy; mild pain on patellofemoral grind test; positive apprehension. The diagnoses included bilateral knee patellofemoral pain with chondromalacia and mild lateral instability left greater than right. The patient was recommended further land based therapy for strengthening and patellofemoral rehabilitation. The treatment request included six additional sessions of physical therapy directed to the postoperative knees. The patient was authorized three additional sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter-knee post operative arthroscopy.

Decision rationale: The request for an additional 6 sessions of PT to the knees s/p debridement arthroscopy with partial medial/lateral meniscectomy after 12+ sessions of PT were provided was not supported with objective evidence to support medical necessity. The patient is s/p bilateral knee arthroscopy and should be exercising on her own. There are no documented objective findings to support the medical necessity of additional PT over the recommended self-directed home exercise program. The patient has received 12+ sessions of post-operative PT. There is no medical necessity for more than 12 total sessions of PT for the post operative rehabilitation of the knee. The patient is reported to be 16-18 months status post date of surgery for the right and left knee and has exceeded the California MTUS time period recommended for rehabilitation of the knee postoperatively. The request for additional sessions of PT is in excess of the number recommended by the CA MTUS. The patient is documented to have pain with no objective findings on that cannot be addressed in a HEP. There is no evidence the patient cannot increase strength and conditioning in a self-directed home exercise program. The treating physician provided no rationale supported with objective evidence to support the medical necessity of additional physical therapy postoperatively in excess of the number recommended by the California MTUS. The request exceeds the CA MTUS recommendations of twelve (12) sessions of post operative knee physical therapy for arthroscopic surgical intervention. The CA MTUS recommend a total of twelve (12) sessions over 12 weeks for the rehabilitation of the knee s/p arthroscopic surgical intervention with integration into a self-directed home exercise program. The patient has received 12+ sessions and should be in a HEP. The subsequent conditioning and strengthening is expected to be accomplished with the self-directed home exercise program. Therefore, the request is not medically necessary.