

Case Number:	CM14-0048326		
Date Assigned:	07/02/2014	Date of Injury:	09/23/2011
Decision Date:	09/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/16/2014

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 Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 36 year old female who reported an injury on 09/23/2011. The mechanism of injury was not clearly documented. The diagnoses listed were pain in joint lower leg, torn left medial meniscus, chondromalacia, and left medial femoral condyle. There was a surgery noted as an arthroscopic medial meniscectomy and arthroscopic femoral chondroplasty on 02/19/2014. Past treatments included medication and physical therapy. On 03/27/2014, the injured worker reported that she has bilateral knee pain. She was attending physical therapy with benefit. Upon physical examination, she was noted to have improved range of motion with 0 degrees on extension and 110 degrees flexion from the previous 90 degrees on flexion noted on 02/27/2014, with a well healed surgical incision. There was also quadriceps weakness documented. The medication listed was Norco. The treatment plan was to continue and additional physical therapy three times a week for four weeks. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Three Times a Week for Four Weeks for the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for physical therapy three times a week for four weeks is not medically necessary. The injured worker reported some pain and that she had been attending physical therapy with benefit from it. The California MTUS Post-Surgical Guidelines may recommend postsurgical treatment of up to 12 visits over 12 weeks after meniscectomy. Although it is noted that the injured worker has been benefiting from physical therapy, it is not clear how many sessions she has attended. There was documentation showing functional improvement to the range of motion of the knee since beginning physical therapy. Initial course of therapy means on half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy for the meniscectomy. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The clinical documentation provided an improved flexion of the knee from 90 to 110 degrees from 02/27/2014 to 03/27/2014, however, the number of visits completed is not provided. Therefore, the request is not medically necessary.