

Case Number:	CM14-0059548		
Date Assigned:	07/09/2014	Date of Injury:	02/27/2009
Decision Date:	09/08/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 patient is a 61 year old female with date of injury 2/27/09. The treating physician report dated 2/25/14 indicates that the patient presents with pain affecting the neck 5/10, back 7-8/10, bilateral wrist 5/10, and left knee (frequent 6/10). Motrin and Norco decrease the pain from a 8/10 to a 2-4/10. The physical examination findings of the right knee reveal decreased range of motion with flexion at 100 degrees, extension to 5 degrees with 1+ swelling. There are two well-healed portal scars. There is positive valgus and varus stress test on the right with tenderness and decreased quadriceps strength 4/5 on the right. The Operative Report dated 11/22/14 states that the patient received left knee arthroscopy, meniscectomy and chondroplasty. The current diagnoses are: 1.Chronic cervical sprain2.Chronic lumbar sprain3.Left knee meniscal tear4.Status post left knee arthroscopyThe utilization review report dated 3/27/14 denied the request for post-op PT 2 times a week for 6 weeks to the left knee based on lack of medical documentation to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy, two times a week time six weeks, to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

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

Decision rationale: The patient presents 3 months status post left knee arthroscopy with continued pain affecting the left knee. The current request is for Post-op Physical Therapy, two times a week time six weeks, to the left knee. The treating physician report dated 2/25/14 states, "At this time I would like to request authorization for an additional course of post-operative physical therapy for the left knee, 2x6." There were no physical therapy reports provided in the 63 pages of medical records reviewed. There is nothing in the treating physician reports provided to indicate how many post-op PT visits were completed. The physical examination findings in the 2/25/14 report all state right knee and no left knee findings were documented. There is nothing in the reports provided to indicate that a new injury or diagnosis exists and there is no medical justification for further post-operative PT at this juncture. The MTUS Post Surgical Treatment Guidelines recommend 12 visits over 12 weeks for arthroscopic surgery of the meniscus. The treating physician has failed to document any medical rationale for the post-operative physical therapy 2 times a week for 6 weeks. Therefore, request for physical therapy is not medically necessary.