

Case Number:	CM14-0060376		
Date Assigned:	07/09/2014	Date of Injury:	05/02/2013
Decision Date:	08/29/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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:

This patient sustained an injury on 5/2/13 while employed by [REDACTED]. Request(s) under consideration include 12 additional sessions of physical therapy for the right knee (3x4). Diagnoses include right knee pain s/p right knee arthroscopy. Report of 3/4/14 from the provider noted patient had MRI of knee. Exam showed knee range of motion of flexion 90 degrees lacking 7 degrees from full extension. Treatment included continuing with PT and medications. Physical therapy report of 3/31/14 noted pain over right knee anterior joint line with complaints of intermittent burning pain over right quadriceps. Exam showed right quad atrophy, healed arthroscopic portals over right anterior knee and minor swelling; range of 0-117 degrees prior to treatment and 0-133 after treatment; knee flexors strength of 3+ to 4-/5 with hypersensitivity over anterior knee. Review indicated the patient has completed at least 18 post-op PT visits for right knee. Request(s) for 12 additional sessions of physical therapy for the right knee (3x4) was non-certified on 4/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy for the right knee (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, pages 14-15, Old bucket handle tear; Derangement of meniscus;

Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks *Postsurgical physical medicine treatment period: 4 months Page(s): 14-15.

Decision rationale: This patient sustained an injury on 5/2/13 while employed by [REDACTED]. Request(s) under consideration include 12 additional sessions of physical therapy for the right knee (3x4). Diagnoses include right knee pain s/p right knee arthroscopy (1/7/14). Report of 3/4/14 from the provider noted patient had MRI of knee. Exam showed knee range of motion of flexion 90 degrees lacking 7 degrees from full extension. Treatment included continuing with PT and medications. Physical therapy report of 3/31/14 noted pain over right knee anterior joint line with complaints of intermittent burning pain over right quadriceps. Exam showed right quad atrophy, healed arthroscopic portals over right anterior knee and minor swelling; range of 0-117 degrees prior to treatment and 0-133 after treatment; knee flexors strength of 3+ to 4-/5 with hypersensitivity over anterior knee. Review indicated the patient has completed at least 18 post-op PT visits for right knee. Request(s) for 12 additional sessions of physical therapy for the right knee (3x4) was non-certified on 4/21/14. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now almost 8 months without documented functional improvement from the extensive PT visits rendered. There was no post-operative complications or comorbidities noted to allow for additional physical therapy beyond guidelines recommendations. The patient exhibits overall good range of motion with adequate strength. The patient has been instructed and is should be performing an independent HEP. Submitted reports have not demonstrated clear specific indication and necessity to support for a continued conjunctive formal PT program. There is reported functional improvement from treatment of 18 authorized PT visits already rendered. The 12 additional sessions of physical therapy for the right knee (3x4) is not medically necessary and appropriate.