

Case Number:	CM14-0072059		
Date Assigned:	07/16/2014	Date of Injury:	02/26/2013
Decision Date:	09/22/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of February 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee arthroscopy on November 20, 2013; 12 sessions of postoperative physical therapy, per the claims administrator; and six sessions of work hardening. In a Utilization Review Report dated April 20, 2014, the claims administrator denied a request for 12 to 18 sessions of physical therapy. The applicant's attorney subsequently appealed. The applicant did undergo a right knee arthroscopic synovectomy and chondroplasty procedure on November 20, 2013. On February 25, 2013, the applicant was described as doing better with some residual weakness noted. The applicant did retain 0 to 140 degrees of knee range of motion. Work hardening was endorsed. The applicant's work status was not clearly furnished. The request for additional physical therapy was apparently sought via a faxed Request for Authorization Form dated April 15, 2014. In an April 9, 2014 physical therapy progress note, it was stated that the applicant had completed only 3 of 12 sessions of physical therapy through that point in time. Weakness was still appreciated about the knee, scored at 3-/5. The applicant did exhibit a mildly antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 2-3x6 to right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Following Knee Meniscectomy Surgery.

Decision rationale: As noted in MTUS 9792.24.3.c.4, the frequency of physical medicine treatment during the postsurgical treatment period shall be gradually reduced and/or discontinued over time, particularly as an applicant gains independence in management of symptoms and with achievement of functional goals. The 12 to 18 sessions of treatment proposed thus, runs counter to MTUS parameters and principles, particularly when the applicant had already received authorization for 12 prior sessions of physical therapy and six prior sessions of work hardening, many of which had not yet been completed as of the date additional treatment was sought. No rationale for further treatment in excess of the 12-session course recommended in MTUS 9792.24.3 following the arthroscopic knee surgery which apparently transpired here was proffered by the attending provider. Therefore, the request is not medically necessary.