

Case Number:	CM14-0096479		
Date Assigned:	09/15/2014	Date of Injury:	12/23/2013
Decision Date:	12/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation, has a subspecialty in Pain 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 male patient with the date of injury of December 23, 2013. A utilization review determination dated June 24, 2014 recommends a noncertification of physical therapy two times a week to the right knee #8. A progress note dated June 19, 2014 identifies subjective complaints of unchanged right knee pain. The physical examination reveals tenderness of the right knee medial joint line. The diagnosis is s/p right knee arthroscopic surgery. The treatment plan recommends HEP, physical therapy 2x4, right knee steroid injection, Relafen 500mg, and Prilosec. An MRI of the right knee obtained on September 11, 2014 identifies that in the medial compartment there is an incomplete tear of the undersurface of the posterior horn of the medial meniscus. A physical therapy progress note dated September 8, 2014 identifies that the patient had completed 4 visits of the 12 approved, also there was a statement that the patient has increased pain with physical therapy and has not improved; therefore, the patient was discharged from physical therapy. A physical therapy progress note dated May 5, 2014 identifies that the patient has completed 8 visits of physical therapy and there was recommendation for continuation of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week to the right knee # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 7, 98, 99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 24.

Decision rationale: Regarding the request for additional physical therapy 2 times a week to the right knee #8, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. In fact, the last documented physical therapy note reviewed recommended discharge from physical therapy due to increased pain and lack of improvement. Furthermore, the patient has completed 12 sessions of physical therapy and guidelines recommend a total 12 visits. The current number of visits being requested, along with the number already completed, exceeds the maximum visits recommended by guidelines for the patient's diagnoses. In light of the above issues, the currently requested Additional Physical Therapy 2 times a week to the right knee #8 is not medically necessary.