

Case Number:	CM14-0099091		
Date Assigned:	07/28/2014	Date of Injury:	09/17/2013
Decision Date:	12/31/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 underlying date of injury in this case is 09/17/2013. The date of the utilization review under appeal is 09/04/2014. On 08/25/2014, the patient was seen in orthopedic reevaluation regarding the left knee and left ankle. The patient was noted to be status post left knee diagnostic and operative arthroscopy of 01/24/2014 for a large medial meniscus bucket handle tear. The patient was also noted to have a history of a left knee ACL (anterior cruciate ligament) reconstruction in 2013 as well as viscosupplementation of the left knee. An arthroscopy of 01/24/2014 of the left knee for bucket handle tear of the medial meniscus was the patient's sixth surgery. The treating physician recommended the patient continue with physical therapy two times a week for 6 weeks for a total of 12 sessions. The treating physician noted the patient had a significant history of surgical intervention for the knee x6 and noted that for this reason the patient would require more formal therapy to work on strengthening. The treating physician noted the patient was making excellent progress and was very happy with her progress but noted she was very young and active and required more surgery in order to fully rehabilitate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for Left Ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommend that an individualized treatment program be established for each patient. In this case, physical therapy to the left ankle would be anticipated to be accomplished simultaneous with physical therapy to the left knee. Thus, a separate request would not be indicated. This request is not medically necessary.

Physical therapy 2 times a week for 6 weeks to Left Knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines recommend that additional physical therapy may be prescribed by the treating surgeon on a postoperative basis if there are specific functional goals desired to be achieved. A prior physician review stated that the patient made progress with prior physical therapy and there was limited documentation of functional improvement. However, the treating surgeon notes specifically in the medical record that this patient has undergone at least six surgeries and that the patient had a very active prior functional status. A specific number of visits in the treatment guidelines therefore would not apply in this case given the complexity of the patient's surgical history. Additional physical therapy would be indicated both to assist the patient in returning back to a very high prior functional status and in maximizing the patient's recovery in order to minimize the probability of requiring additional surgery. For these reasons, this request is supported by the treatment guidelines. This request is medically necessary.