

Case Number:	CM13-0065415		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2012
Decision Date:	03/31/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 45-year-old deputy sheriff who sustained an industrial right knee injury on 6/29/12. The mechanism of injury was not documented. He underwent right knee arthroscopy, partial medial and lateral meniscectomy, chondroplasty and lateral retinacular release on 7/8/13. Operative findings documented evidence of grade II anterior cruciate ligament laxity. The 11/18/13 treating physician report cited continued right knee weakness and 'giving way' feeling. There was significant lateral tenderness. The patient continued to wear a sleeve on his right knee for support. He had completed 18 post-op physical therapy sessions to date. The treating physician requested authorization for 12 additional physical therapy sessions for the right knee. The 12/13/13 utilization review denied the request for physical therapy twice a week for 6 weeks (12) sessions for the right knee. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Post-Surgical Treatment Guidelines and the American College of Occupational and Environmental Medicine (ACOEM). The rationale indicated that there was no clear objective measurable functional gains with prior physical therapy or failure of an independent home program to address residual deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES TWELVE FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for chondroplasty and meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The patient has completed 18 visits of post-op physical therapy with no documentation of objective measurable functional gains with therapy to date. There is no documented of current functional status, relative to range of motion or strength or work ability. There is no documented functional treatment goal for the additional physical therapy. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program to achieve residual rehabilitation goals. Therefore, this request is not medically necessary.