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| Case Number: | CM14-0155547 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 08/14/2012 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 41-year-old female with an 8/14/12 date of injury, and right knee arthroscopic medial meniscectomy and minor chondroplasty of the right tibial plateau on 5/7/14. At the time (8/25/14) of request for authorization for Three physical therapy visits over six weeks for the right knee, there is documentation of subjective (right knee pain) and objective (increase in the right knee range of motion, decrease in quadriceps muscle tone, small knee effusion, and tenderness to palpation along the inferior medial pole of the patella) findings, current diagnoses (contusion of the right knee and derangement of posterior horn of the medial meniscus), and treatment to date (12 post op physical therapy treatments and medications). Medical reports identify that the activities of daily living tolerance is much improved and there is an increase in range of motion of the right knee as a result of previous post op physical therapy treatments. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three physical therapy visits over six weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meniscectomy Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical Therapy (PT)

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of contusion of the right knee and derangement of posterior horn of the medial meniscus. In addition, there is documentation of a 5/7/14 right knee arthroscopic medial meniscectomy and minor chondroplasty of the right tibial plateau and 12 previous post op physical therapy treatments, which is the limit of physical therapy guidelines. Furthermore, given documentation that the activities of daily living tolerance is much improved and there is an increase in range of motion of the right knee as a result of previous post op physical therapy treatments, there is documentation of functional benefit and improvement as an increase in activity tolerance as result of previous post op physical therapy treatments. However, given documentation that the additional 3 physical therapy visits over 6 weeks, in addition to the treatments already completed, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for three physical therapy visits over six weeks for the right knee is not medically necessary.