

Case Number:	CM14-0190599		
Date Assigned:	11/24/2014	Date of Injury:	05/08/2013
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/14/2014

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 36-year-old male with a 5/8/13 date of injury, and right knee revision posterior medial meniscal root repair and patella chondroplasty on 5/14/14. At the time (10/21/14) of request for authorization for Physical therapy 2 times a week for 6 weeks for the right knee, there is documentation of subjective (right knee pain and numbness in the right shin) and objective (tenderness to palpation over the right knee, limited right knee range of motion, and decreased muscle strength in the right lower extremity) findings, current diagnoses (medial cartilage/meniscus tear), and treatment to date (12 post op physical therapy treatments and medications). There is no documentation of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of physical therapy treatments provided to date.

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 the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & 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 a diagnosis medial cartilage/meniscus tear. In addition, there is documentation of a 5/14/14 right knee revision posterior medial meniscal root repair and patella chondroplasty and 12 previous post op physical therapy treatments, which is the limit of physical therapy guidelines. However, given documentation that the additional 12 physical therapy sessions, 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. In addition, there is no documentation 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 as result of previous post op physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy 2 times a week for 6 weeks for the right knee is not medically necessary.