

Case Number:	CM14-0190823		
Date Assigned:	11/24/2014	Date of Injury:	02/20/2014
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Sports 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:

The patient is a 54-year-old female who reported an injury on 02/20/2014. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of derangement of the lateral meniscus on the right knee. Past medical treatment consist of surgery, physical therapy, injections, and medication therapy. Medications consist of Benicar, Glipizide, metformin, metoprolol, Onglyza, and Toprol. No diagnostics were submitted for review. On 10/30/2014, the injured worker complained of right knee pain. She stated that the knee pain had improved dramatically since surgery, but still had weakness to leg and significant pain to the foot. Physical examination of the knees revealed muscle weakness. No swelling or warmth of knee. No pain was elicited by motion of the knee. Normal limits on range of motion. There was notation of the right foot showing some swelling and tenderness over the medial side of the ankle over the posterior tibial tendon. Medical treatment plan is for the injured worker to continue with physical therapy, a home exercise program, and a follow-up appointment in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for additional physical therapy x8 is not medically necessary. The California MTUS Guidelines recommend physical therapy. It is indicated that physical therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms, such as pain, inflammation, and swelling. The guidelines go on to state that there is controversy about the effectiveness of physical therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short term, but not long term, benefit. The guidelines recommend for tear of medial/lateral cartilage/meniscus tear 12 visits over 12 weeks with a maximum of 6 months. It was indicated in the submitted documentation that the injured worker had undergone postoperative physical therapy. However, there was no indication as to how many physical therapy sessions the injured worker has completed to date. There was a physical therapy evaluation dated 09/03/2014 showing that the patient was attending physical therapy 3 times a week. It was noted that she had a flexion of 145 degrees, and extension of +2 degrees. However, there were no notations as to how many physical therapy sessions were completed. There was also no rationale submitted for review to warrant the request. Given the above, the injured worker is not within recommend guideline criteria. As such, the request is not medically necessary.