

Case Number:	CM14-0029289		
Date Assigned:	06/20/2014	Date of Injury:	08/20/2003
Decision Date:	02/25/2015	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/07/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old man sustained an industrial injury on 8/20/2003. The mechanism of injury is not detailed. Current diagnoses include right knee bursitis, multilevel cervical herniated nucleus pulposus with multilevel stenosis, spondylolisthesis to L4-L5 with severe central canal stenosis and foraminal stenosis, and status post left knee arthroscopy with partial medial meniscectomy, chondroplasty and medial femoral condyle with grade II chondromalacia and medial femoral condyle. Treatment has included oral medications, left knee arthroscopy in 2004 with further surgical intervention on 12/3/2013, a home exercise program, and physical therapy. Physician notes on a PR-2 dated 1/23/2014 state that the worker continues to have stiffness and pain in the hamstring with an abnormal gait after completing the approved post-operative physical therapy sessions. Range of motion is documented at 0-120 degrees with tenderness along the medial joint line and no instability noted. Recommendations include additional physical therapy to the left knee, requested as two sessions/week for four weeks and follow up in eight weeks. On 2/13/2014, Utilization Review evaluated a prescription for an additional eight sessions of physical therapy to the left knee. The UR physician noted that the worker had already received 12 post-operative sessions for which there was no documented response noted. The request was partially certified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 4 weeks, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: Regarding the request for additional physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, in addition to the previously authorized therapy, the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the current request is not medically necessary.