MAXIMUS Federal Services

Case Number:	CM15-0004468		
Date Assigned:	01/15/2015	Date of Injury:	10/19/2013
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 31 year old male sustained a work related injury on 10/19/2013. According to an orthopedic evaluation dated 07/28/2014, the injured worker was riding a pallet jack at work. He stopped the pallet jack and stepped off onto a piece of broken wood with his right foot and his right knee bent inwards toward his other knee. Diagnosis is medial meniscal tear of the right knee status post arthroscopic meniscectomy of the right knee. He was treated with medication, physical therapy and a home exercise program. A MRI showed a medial meniscal tear. He underwent an arthroscopic meniscectomy. The patient returned to regularly duty and tolerated it fairly well. As of the July 28, 2014 visit, the injured worker reported start-up pain and stiffness in his knee, but otherwise has only rare symptoms. Examination showed normal range of motion of the knees, normal lower extremity strength, right knee with healed incisions, no effusion, no crepitus or joint line tenderness, and McMurray's maneuver negative. The treating orthopedist noted that the injured worker had reached maximum medical improvement. According to the provider, the injured worker could return to work with no restrictions. Also, he would need to continue with strengthening exercises. There were no other reports submitted for review or prior physical therapy progress notes. On 12/23/2014, Utilization Review non-certified additional physical therapy 3 x 4 weeks (12 sessions) right knee. According to the Utilization Review physician, guidelines allow for 12 physical therapy sessions postop for this condition, the injured worker had at least 12 physical therapy sessions, and there was no indication as to why the injured worker was unable to perform rehabilitation with a home exercise program. Utilization Review cited the CA MTUS. The decision was appealed for an 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 3 x 4 weeks (12 sessions) to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): p. 10-12, p. 24-25.

Decision rationale: Per the Independent Medical Review request, the requested service is additional physical therapy 3 x 4 weeks (12 sessions) to the right knee. The request for authorization for this service was not provided. The documentation submitted included the Utilization Review (UR) determination and one orthopedic progress note from 7/28/14. The UR determination notes that medial meniscectomy of the right knee was performed on 2/7/14. The UR determination noted that a least 12 physical therapy sessions had been completed, but there was no other documentation of postoperative physical therapy. No physical therapy notes were submitted. The MTUS postsurgical treatment guidelines allow for 12 postsurgical physical therapy visits over 12 weeks after meniscectomy, with a postsurgical physical medicine treatment period of 6 months. Per the postsurgical treatment guidelines, if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may continue up to the end of the postsurgical physical medicine period. The injured worker is past the postsurgical physical medicine treatment period of 6 months. The documentation indicates that the injured worker currently has minimal and rare symptoms, has returned to work and is tolerating it fairly well, and has a normal examination of the right knee. No specific indication for additional physical therapy was provided. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The injured worker's functional status is quite good as the treating physician notes a work status of full duty with no restrictions or limitations, and there is no documentation to support that additional physical therapy would be required for strengthening rather than the use of a home exercise program. Due to the lack of indications including lack of functional deficits as well as the timeframe past the postsurgical physical medicine period, the request for additional physical therapy, 12 sessions, is not medically necessary.