

Case Number:	CM15-0004641		
Date Assigned:	01/15/2015	Date of Injury:	11/17/2009
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 63 year old female with an industrial injury dated 11/17/2009. Her diagnoses include knee arthralgia, knee joint crepitus, abnormality of gait, and aftercare surgery other. Recent diagnostic testing was not submitted or discussed. She has been treated with a left knee videoarthroscopy, meniscectomy, synovectomy, chondroplasty, removal of loose bodies, fascial sheath injection and removal of a Baker's cyst (10/21/2014), and medications consisting of pain medication and antibiotics since the surgery. In a post-op progress note dated 11/24/2014, the treating physician reports that the injured worker was status post left knee arthroscopy and reported redness around the portal sites. The objective examination of the left knee revealed antalgic gait using a cane, and negative exam findings. The treating physician is requesting 18 session of physical therapy which was denied by the utilization review. On 12/17/2014, Utilization Review non-certified a request for physical therapy 2 times per week for 3 weeks for 4 to 6 weeks for the left knee, noting the absence of a more recent evaluation, absence of the number of previous physical therapy sessions, and lack of documented pain complaints or functional deficits. The MTUS was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of physical therapy 2 times per week for 3 weeks for 4 to 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 -3 x a week x 4-6 weeks, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the exam note from 11/24/14 does not demonstrate prior functional gains with therapy or any significant objective findings to warrant additional visits of therapy. It is unclear how many visits have been performed since surgery on 10/21/14. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the determination is for non-certification.