

Case Number:	CM15-0107112		
Date Assigned:	06/11/2015	Date of Injury:	06/05/2012
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation

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 40 year old female who sustained an industrial injury on 06/05/12. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include low back, cervical, and left shoulder pain. Current diagnoses include lumbar spondylosis, left knee lateral meniscus tear with subluxation of patella, and cervical pain with upper extremity symptoms. In a progress note dated 05/12/15 the treating provider reports the plan of care as a left knee arthroscopy and associated services. The requested treatments include postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial post operative physical therapy for the left knee, 3 times a week for 4 weeks, outpatient, status post left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Knee and Leg chapter, under Physical Medicine treatment has the following regarding post-operative PT.

Decision rationale: The patient presents on 05/12/15 with left knee pain rated 9/10, lower back pain rated 7/10, cervical spine pain rated 5/10, and left shoulder pain rated 3/10. The patient's date of injury is 06/05/12. Per progress note dated 05/20/15, the provider requests authorization for left knee arthroscopic surgery - though there is no evidence in the records provided that this procedure was carried out. The request is for initial post-operative physical therapy for the left knee, 3 times a week for 4 weeks, outpatient status post left knee arthroscopy. The RFA is dated 05/20/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the lumbar spine and cervical spine with reduced range of motion in all planes. No examination findings pertinent to left knee complaint are included. The patient is currently prescribed Hydrocodone, Ambien, and Cyclobenzaprine. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks."ODG Knee and Leg chapter, under Physical Medicine treatment has the following regarding post-operative PT: "Arthritis (Arthropathy, unspecified): Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks."In regard to what appears to be a prospective request for 12 sessions of post-operative physical therapy, there is no evidence that the associated procedure was approved or carried out. The most recent progress note provided, dated 05/12/15 includes the intent to request authorization for left knee arthroscopy, though it is not established that the procedure was approved or performed. While the approval/disapproval status of the procedure is not included, utilization review dated 05/29/15 notes that the associated left knee arthroscopy was not approved. Without evidence that the anticipated surgical procedure was approved or carried out, the request for post-operative PT cannot be substantiated. The request is not medically necessary.