

Case Number:	CM15-0160965		
Date Assigned:	08/27/2015	Date of Injury:	03/09/2005
Decision Date:	10/02/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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, 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:

The injured worker is a 42 year old female who sustained an industrial injury on 3-9-05. Her initial complaints are unavailable for review. However, the orthopedic progress note dated 5-17-15 indicates that the injured worker's injury was sustained due to a motor vehicle accident while at work. Injuries were noted to her knees, and as a result, had radiation of pain to her back, hips, and right foot. She underwent a left knee arthroscopy, epidural injection, cortisone injection, physical therapy, and pain management. Her diagnoses included depression, back pain, shoulder impingement syndrome, neuralgia-neuritis, medial meniscus tear - right, history of hiatal hernia, rotator cuff repair - right, bilateral knee pain, and snoring. She underwent arthroscopic knee surgery of the right knee on 2-20-15. The follow-up visit on 5-19-15 indicated that treatment recommendations included physiotherapy and be prescribed pain patches for pain control. On 6-16-15, she was noted to have pain in her lower back, as well as weakness of the right knee following the 2-20-15 surgery. Her diagnoses included status-post surgical right knee and lumbar disk disease. The treatment recommendations were for a referral to pain management for a possible epidural steroid injection to the lumbar spine, the continuation of physiotherapy, and medications. On 7-21-15, she presented to the office with complaints of right hip and right knee pain with "notable inflammation." On exam, she was noted to have "palpable tenderness and noted weakness on range of motion during flexion and extension" of the right hip and "patellofemoral syndrome with notable inflammation, +2" of the right knee. The assessment states right trochanteric bursitis and status-post left and right knee arthroscopic surgery with post-patellofemoral osteoarthritis. The treatment recommendation was a cortisone injection to

the right knee, a topical analgesic patch, as well as oral narcotic analgesics, anti-inflammatory medications, the use of ice, and a referral to physical therapy. A progress report dated May 19, 2015 indicates that the surgical incision site is clear. The assessment recommends physical therapy. An operative report dated May 8, 2015 indicates that the patient underwent chondroplasty, and medial meniscectomy arthroscopically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy of the bilateral knee, three times weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for 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 no indication of any objective treatment goals. Additionally, the current number of requested sessions exceeds the maximum number recommended by guidelines for this patient's diagnoses on a trial basis (6 visits). Furthermore, it is unclear why the patient requires bilateral physical therapy when it appears that they had a unilateral operative procedure. In the absence of clarity regarding those issues, the current request for physical therapy is not medically necessary.