

Case Number:	CM15-0163225		
Date Assigned:	08/31/2015	Date of Injury:	08/30/2014
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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, Hawaii

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:

This 35 year old male sustained an industrial injury to the left knee on 8-30-14. The injured worker underwent left knee arthroscopy with partial meniscectomy on 1-15-15, complicated by a postoperative deep vein thrombosis which caused delays in postoperative therapy. The injured worker received postoperative aqua therapy. The amount of aqua therapy sessions was unclear. In a PR-2 dated 7-8-15, the physician noted that the injured worker had recently started physical therapy with two sessions completed. Physical exam was remarkable for tenderness to palpation in the medial joint compartment with decreased and painful range of motion, no instability, smooth patellar tracking, a soft calf and full range of motion of the ankles, toes. Current diagnoses included left knee arthroscopic surgery complicated by deep vein thrombosis. The physician noted that he wanted the injured worker to start somewhat more aggressive therapy with aqua therapy three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left knee. The current request is for PT 2x6. The treating physician report dated 7/8/15 (60B) states, "Patient was recently started on physical therapy, aquatic therapy and has performed two sessions and continues with symptoms". The report goes on to state, "The patient had delays in therapy secondary to the DVT. At this time, he is still under treatment, but I would like him to start somewhat more aggressive therapy, requesting aquatic therapy three times a week for four weeks". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The UR report dated 7/29/15 (6A) shows the patient has received 18 sessions of post-operative physical therapy previously. The patient is status post left knee arthroscopy on 1/15/15 and is no longer within the post-surgical treatment period of 4 months as established by the MTUS-PSTG. In this case, while the patient may require additional PT, the patient has received at least 18 visits of post-operative physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, DVT is a rationale why pool therapy is appropriate. However, the number of visits requested exceeds MTUS allowance. Additionally, the current request does not specify a body part to be addressed during physical therapy and is required by the IMR process. The current request is not medically necessary.