

Case Number:	CM15-0165393		
Date Assigned:	09/02/2015	Date of Injury:	02/26/2015
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

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 52 year old female who sustained an industrial injury on 02-26-2015. Mechanism of injury was a fall. Diagnoses include internal derangement of the right knee, right knee pain and chondromalacia patella. Treatment to date has included diagnostic studies, medications, right knee arthroscopy done on 05-20-2015, and 12 physical therapy sessions. Her medications include Lidocaine patch, Tylenol with Codeine and Benicar. Magnetic Resonance Imaging of the right knee done on 03-26-2015 showed horizontal cleavage tear of the posterior horn of the medial meniscus, strain of the popliteus muscle belly, mild chondromalacia changes of medial compartment of the knee and a small Baker's cyst. Physician progresses note dated 07-14-2015 documents the injured worker's symptoms are much improved and post-operative pain is mild. Her right knee has normal sensation, mild quad atrophy and mild swelling. She is 9 weeks post right knee scope and her knee is still weak and stiff. A physical therapy note dated 07-24-2015 documents the injured worker was progressing with range of motion and increased ease of full weight bearing with gait on the right lower extremity. She is challenged with descending steps. She has decreased strength of the right knee and increased pain with ambulation greater than 15 minutes. The new goal is to decrease Visual Analog Scale score to 0-3 out of 10 with walking greater than 20 minutes, and to increase strength and range of motion for ease of going up and down stairs. She has pain which is rate 5 out of 10 if ambulating more than 10 minutes. Treatment requested is for Post-op physical therapy, 3 times a week, right knee, per 7/15/15 order Qty: 12.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy, 3 times a week, right knee, per 7/15/15 order Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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

Decision rationale: The claimant sustained a work-related injury in February 2015 and underwent right knee arthroscopic surgery on 05/20/15 with a partial medial meniscectomy, chondroplasty, and synovial debridement. When seen, there had been completion of 8 physical therapy treatments. Therapy notes document good progress and content including a home exercise program. Her knee was improving. There had been no post-operative complications and post-operative pain had been mild. Physical examination findings included a BMI of over 28. There was mild swelling and quadriceps atrophy with improved range of motion. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy and there have been no post-operative complications. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.