MAXIMUS Federal Services

Case Number:	CM15-0165702		
Date Assigned:	09/03/2015	Date of Injury:	09/23/2013
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
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 female, who sustained an industrial injury on 9-23-2013. The injured worker was diagnosed as having chest pain, medical meniscus tear of the knee. The request for authorization is for additional physical therapy 3 x 4 for the left knee. The UR dated 8-17-2015: non-certified the request for additional physical therapy 3 x 4 for the left knee. On 2-8-2015, she reported a slight improvement in her left knee. She rated her pain 4-5 out of 10. The surgical incision was noted to be healing well with no signs of infection. Her works status is reported as off work. On 4-1-2015, she reported "constant severe pain" and left knee swelling. She indicated it was difficult to flex her knee. She is reported to have had 4 out of 12 physical therapy sessions with "benefit". Objective findings noted no swelling and "overall she feels the pain is less than before surgery". On 4-29-2015, she reported continued left knee pain rated 5-9 out of 10 and that "physical therapy has helped minimally". Objective findings noted she continued to have pain and is unable to extend the knee completely. On 7-8-2015, she reported pain. She was indicated to have been trialed on physical therapy, medications and TENS, and finding relief with H-wave treatments. Objective findings are documented as goals to attain with treatment with the H-wave device. On 7-29-2015, her work status is reported as off work. She reported left knee pain rated 7 out of 10. She indicated she was able to climb stairs and continuing to have stiffness in the knee. Physical findings revealed improved range of motion, "left knee still lacks about 15 degrees of extension", weakness in the upper leg, and indication that H-wave was helpful. The treatment and diagnostic testing to date has included: medications, physical therapy, H-wave treatment, TENS, and left knee surgery (2-5-2015), magnetic resonance imaging of the left knee

(date unclear).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a wee for 4 weeks for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in September 2013 and underwent left knee arthroscopic surgery with a meniscal repair in February 2015. In April 2015 she had completed four of 12 planned postoperative therapy treatments. As of 05/07/15 she had completed 12 treatment sessions and was progressing towards her goals. She was limited by a lack of carryover at home and had the potential to improve but needed to participate in her home exercise program. When seen, she was having ongoing knee pain and stiffness. She had improved stair climbing ability. Physical examination findings included decreased knee extension and quadriceps weakness. Authorization for 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. Patients are expected to continue active therapies and compliance appears to be a limiting factor in the claimant's progress. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and would best meet her needs. The number of additional visits requested is in excess of that recommended or what might be needed to revise and finalize the claimant's home exercise program and does not reflect a fading of skilled treatments. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.