

Case Number:	CM15-0166337		
Date Assigned:	09/04/2015	Date of Injury:	12/12/2014
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 55 year old female with a December 12, 2014 date of injury. A handwritten progress note dated August 5, 2015 documents subjective complaints (persistent pain and stiffness to the low back and left knee), objective findings (tenderness and decreased range of motion of the lumbar spine; tenderness of the left knee), and current diagnoses (lumbar sprain and strain; status post left knee arthroscopy on June 8, 2015). Treatments to date have included left knee surgery, postoperative physical therapy for the left knee, and imaging studies. The treating physician documented a plan of care that included twelve additional sessions of physical therapy for the left knee and twelve sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op PT 2x6 Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The injured worker underwent arthroscopy with partial medial and lateral meniscectomies and chondroplasty on June 8, 2015. The available documentation indicates 9 postoperative physical therapy sessions have been completed. There is no documentation of continuing objective functional improvement. The California MTUS guidelines indicate 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is one half of these visits which is 6. Then with documentation of continuing functional improvement is subsequent course of therapy of the remaining 6 visits may be prescribed. The injured worker has completed 9 visits and is familiar with the exercise program. As such, transition to a home exercise program is recommended. In the absence of documentation of continuing objective functional improvement, the request for 12 additional physical therapy sessions is not supported and the medical necessity of the request has not been substantiated and therefore is not medically necessary.

PT 2x6 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: With regard to the low back pain, the injured worker has evidence of degenerative disc disease without nerve root impingement on the imaging studies. The California MTUS chronic pain medical treatment guidelines indicate 9-10 visits over 8 weeks for myalgia and myositis, unspecified. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. Patients are instructed and expected to continue active therapy is at home as an extension of the treatment process in order to maintain improvement levels. In this case there is no documentation of an active self-directed home treatment program. 12 additional physical therapy visits are requested which exceeds the guideline recommendations. As such, the request for 12 additional physical therapy sessions for the lower back is not supported and the medical necessity of the request has not been substantiated and therefore is not medically necessary.