

Case Number:	CM15-0180601		
Date Assigned:	09/22/2015	Date of Injury:	10/31/2013
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/14/2015

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 57 year old male, who sustained an industrial injury on October 31, 2013. The injured worker was being treated for medial meniscus tear, status post therapy and status post right knee arthroscopic surgery. Medical records (March 19, 2015 to July 23, 2015) indicate ongoing right knee pain. The medical records indicate the subjective pain rating shows improvement from 5 out of 10 on May 4, 2015 to 3 out of 10 on July 23, 2015. Records also indicate the injured worker reports improvement with occasional flare-ups of the knee. The physical exam (July 23, 2015) reveals improved right knee range of motion with physical therapy. The injured worker has one session of physical therapy left. Per the treating physician (May 4, 2015 report), x-rays of the right knee revealed no increase of osteoarthritis. Treatment has included physical therapy. Per the treating physician (May 4, 2015 to July 23, 2015), the injured worker's work status was return to full duty without limitations or restrictions. On (Date of RFA), the requested treatments included 12 sessions of physical therapy to the right knee and an interferential unit for the right knee. On August 10, 2015, the original utilization review non-certified requests for 12 sessions of physical therapy to the right knee and an interferential unit for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 (12) to the right 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 claimant sustained a work injury in October 2013 and underwent and arthroscopic partial meniscectomy with chondroplasty in January 2014. Case notes reference completion of at least 30 postoperative therapy sessions. When seen, he was having ongoing discomfort. Pain was rated at 3/10. He was having occasional flareups. His knee range of motion had improved with physical therapy and he had one session remaining. No physical examination was recorded. Authorization for additional physical therapy and for up to a 30 day interferential unit rental with purchase if effective 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 in excess of that recommended including recent therapy treatments. 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. The request is not medically necessary.

IF unit rental for 30-60 days and purchase for the right knee: 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): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in October 2013 and underwent and arthroscopic partial meniscectomy with chondroplasty in January 2014. Case notes reference completion of at least 30 postoperative therapy sessions. When seen, he was having ongoing discomfort. Pain was rated at 3/10. He was having occasional flareups. His knee range of motion had improved with physical therapy and he had one session remaining. No physical examination was recorded. Authorization for additional physical therapy and for up to a 30 day interferential unit rental with purchase if effective was requested. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for more than one month is not cost effective and not necessary to determine its efficacy and is not considered medically necessary.