

Case Number:	CM15-0181597		
Date Assigned:	09/22/2015	Date of Injury:	03/05/2014
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/15/2015

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:

The injured worker is a 53 year old male, who sustained an industrial injury on 3-5-14. The injured worker is being treated for osteoarthritis of right knee. Treatment to date has included physical therapy, home exercise program, crutches, knee surgery (6-12-15), topical Voltaren gel and activity modifications. Currently on 7-27-15, the injured worker complains of pain and soreness in right leg with weakness. He may work with modifications. As of 7-17-15, he was temporarily totally disabled. Physical exam performed on 7-27-15 revealed right knee tenderness with small strip of bandages over the front, minimal swelling and no increased temperature, tenderness of palpation at the trochanteric bursa (right greater than left) and gait with a limp. The treatment plan dated 7-27-15 included post-op right knee physical therapy 2-3 times a week for 8 weeks, Voltaren gel, daily stretching exercises, orthopedic re-evaluation, rheumatology consultation and follow up appointment. On 9-1-15, utilization review modified a request for 12 physical therapy sessions to 6 sessions, noting knee range of motion was within normal limits, muscle strength had improved and the injury was over a year prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy for the right knee, 3 times a week for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The patient presents with right knee pain. The current request is for 12 additional sessions of physical therapy (PT) for the right knee. The UR dated 9/1/15 modified the request to 6 additional physical therapy sessions for the right knee. Patient is post, 6/12/15, right knee arthroscopic medial meniscectomy and medial femoral condyle microfracture. The treating physician requests on 9/9/15 (37B) "physical therapy 3 days a week for 4 weeks." Daily PT Note dated 9/11/15 (35B) notes the patient has completed 15 visits of PT and notes the patient reports the strength in his knee is coming back. MTUS Post Surgical Treatment Guidelines state, "Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months." In this case, the patient has previously completed for 15 post-operative physical therapy sessions. The request for an additional 12 sessions would exceed the MTUS recommend number of 12 total sessions for this diagnosis. The current request is not medically necessary.