

Case Number:	CM15-0184284		
Date Assigned:	09/24/2015	Date of Injury:	10/20/2014
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on 10-20-14. The injured worker is being treated for right cruciate ligament tear with right knee posterior cruciate ligament reconstruction on 1-28-15. Treatment to date has included at least 24 postoperative physical therapy (which he states provided little help regarding his symptoms), reconstruction of posterior cruciate ligament of right knee, knee brace, topical medications and activity modifications. MRI of right knee performed on 7-2-15 revealed intact poster cruciate ligament graft with tibial tunnel cyst, which is causing bony remodeling of the tibial tunnel, possible arthrofibrosis, full thickness rupture of the posterior root ligament of the medial meniscus and moderate amount of joint effusion and mild synovitis. On 7-22-15, the injured worker complains of pain in right knee rated 4-5 out of 10, which is intermittent and unchanged from previous visit. He is currently working. Physical exam performed on 7-22-15 revealed loss of range of motion of right knee with positive patellofemoral grind and McMurray's. The treatment plan included a request for authorization for physical therapy to right knee 2 times a week for 6 weeks to transition to a home exercise program and a request for 30 day trial of a TENS unit. The treatment note on 8-20-15 noted improved pain at 1-2/10 and he was returned to full duty. On 8-20-15, utilization review non-certified a request for 12 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical therapy.

Decision rationale: The MTUS notes that physical medicine, including physical therapy (PT), is recommended to provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG guidelines recommend physical therapy with limited positive evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). ODG Physical Medicine Guidelines for derangement of meniscus; loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks. The MTUS, in the Post-Surgical Treatment Guidelines, notes that for sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Postsurgical treatment: (ACL repair): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the treatment notes indicate that he has had 24 postsurgical PT visits. An ongoing home exercise program would be appropriate as indicated in the MTUS. At the time of this request, the postsurgical physical medicine treatment period of 6 months has expired. It appears that the recommended number of post-surgical PT sessions has been completed. The request for additional physical therapy treatment for the right knee exceeds the medical treatment recommendation for 9 visits over 8 weeks and is not medically necessary.