

Case Number:	CM15-0188293		
Date Assigned:	09/30/2015	Date of Injury:	02/23/2015
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46-year-old male who sustained an industrial injury 2-23-2015. Diagnoses have included left knee bursitis, knee contusion, and derangement of the posterior lateral meniscus, supported by an MRI taken 4-2-2015. Documented treatment includes ice, Motrin, light duty, knee tape, and operative notes show that he underwent a left knee partial medial meniscectomy, patellofemoral chondroplasty, three compartment anterior synovectomies, and diagnostic arthroscopy on 5-15-2015. The 8-4-2015 progress report states "Patient is attending physical therapy and doing home exercises," and there are physical therapy notes showing at least 6 visits; one dated 6-26-2015 stated visit number 7, but another 6-29-2015 stating visit number 6. A 6/2/15 document stated visit 7 and a 7/1/15 document stated visit number 6. The 6/29/15 PT note states pain at 3-4 out of 10, and that the injured worker showed "steady progress," had limited left knee mobility limiting his ability to bend or extend the knees, poor gait, and decreased strength in the left knee. The injured worker continues to report pain and tenderness to touch on 8-4-2015, and the progress note states he is "improving, with residual aching on the upper leg and anterior-medial knee." Evaluation showed no effusion, swelling or crepitation, and he was noted to have a stable, full range of motion. Quad power was 5 out of 5, and he was sore and tender at the left Pes Anserinum. The report stated he could return to full duty. The treating physician's plan of care includes post-operative physical therapy twice a week for three weeks for the left knee which was denied on 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy twice weekly for three weeks for the left knee: Upheld

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

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

Decision rationale: Post operative physical therapy twice weekly for three weeks for the left knee is not medically necessary per the MTUS Guidelines. The 8/4/15 states that the patient is improving, doing home exercises, has no effusion, swelling, crepitation. There is stable full range of motion and 5/5 quadriceps power. The patient has some soreness, which was diagnosed as pes anserinum bursitis. The documentation does not reveal evidence that 6 more therapy sessions are necessary. The patient is performing a home exercise program and has full power and range of motion. Additionally, the MTUS Post Surgical Guidelines recommend up to 12 visits postoperatively for this surgery. The MTUS Chronic Pain Medical Treatment Guidelines encourage a transition to an independent home exercise program. The documentation is conflicting as to how many sessions of PT the patient has had post op. For these reasons, the request for additional physical therapy is not medically necessary.