

Case Number:	CM15-0189389		
Date Assigned:	10/01/2015	Date of Injury:	03/23/2014
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 46-year-old female with a date of industrial injury 3-23-2014. The medical records indicated the injured worker (IW) was treated for status post left knee arthroscopy, lateral meniscectomy, lateral release (4-16-15). In the progress notes (8-7-15), the IW reported left knee pain that was worse than before surgery. She stated her knee was hyperextending three to four times a day. She was taking Norco and Motrin. On examination (8-7-15 notes), her gait was slow but non-antalgic and no hyperextension was noted. Passive range of motion was 0 to 125 degrees. There was guarding and apprehension on exam. In the 6-19-15 notes, the left knee pain was occurring with weight bearing and non-weight bearing. The provider gave the IW a new prescription that day to give to the physical therapist for specific exercises. Treatments included left knee arthroscopy (4-2015) and physiotherapy postoperatively (at least 8 sessions). The IW had returned to work. The provider was concerned about how much effort the IW would put into independent exercise. A Request for Authorization was received for physical therapy for the left knee twice a week for four weeks. The Utilization Review on 9-1-15 non-certified the request for physical therapy for the left knee twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left knee, 2x4: Upheld

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

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

Decision rationale: The claimant sustained a work injury in March 2014 and underwent left knee arthroscopic surgery with a lateral meniscectomy and lateral retinaculum release in April 2015. In June 2015 she was participating in therapy and had completed eight treatment sessions. When seen in August 2015 she had pain reported as worse than before surgery. She was experiencing episodes of hyperextension 3-4 times per day. Physical examination findings included a slow but not antalgic gait without noted hyperextension. There was range of full extension with flexion of 125. There was guarding and apprehension. An additional eight physical therapy treatment sessions were requested for quadriceps strengthening and patellar stabilization. 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. 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 revise or reestablish the claimant's home exercise program including exercises for quadriceps strengthening and patellar stabilization exercises. The request is not medically necessary.