

Case Number:	CM15-0190301		
Date Assigned:	10/02/2015	Date of Injury:	01/30/2015
Decision Date:	11/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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

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:

This is a 55 year old male who sustained a work-related injury on 1-30-15. Medical record documentation on 9-16-15 revealed the injured worker was being evaluated status post right knee arthroscopy with medial meniscal resection, synovectomy and chondroplasty on 7-31-15, quadriceps weakness of the right lower extremity and synovitis of the right knee. He reported continued pain in the right knee and was progressing with physical therapy. He was using ibuprofen and had not returned to work. He ambulated with a slight limp. His right knee wounds had healed and he had soft tissue swelling with increased warmth. He had tenderness to palpation over the medial joint line. His knee flexion was 100 degrees and his extension was 180 degrees. His quadriceps strength was 4-5. The injured worker had completed 13 sessions of physical therapy from 8-4-15 through 9-9-15. A request for twelve sessions of physical therapy was received on 9-17-15. On 9-24-15, the Utilization Review physician determined twelve sessions of physical therapy was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee injections.

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

Decision rationale: Review indicates the patient has completed 13 post-op PT visits. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria of 12 for a total of 24 sessions. Functional restoration approach is for an initial trial sessions, namely half or 6 visits to assess for functional benefit; however, submitted reports have not adequately demonstrated the indication to support for a total of 24 physical therapy visits without documented functional benefit. At this time, the patient's arthroscopy is without documented postoperative complications to allow for additional physical therapy beyond guidelines recommendations. There is no reported functional improvement from treatment already rendered for further therapy. The Physical therapy, 12 sessions is not medically necessary and appropriate.