

Case Number:	CM15-0192244		
Date Assigned:	10/06/2015	Date of Injury:	07/22/2014
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/30/2015

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 48 year old sustained an industrial injury on 7-22-14. Documentation indicated that the injured worker was receiving treatment for lumbar spondylolisthesis and right knee contusion with plica syndrome and chondromalacia patella. The injured worker underwent right knee arthroscopy with tricompartmental synovectomy on 6-16-15. The injured worker underwent lumbar discectomy and interbody fusion at L4-5 on 8-4-15. The injured worker received postoperative physical therapy for the knee. In a physical therapy plan of care dated 6-30-15, the injured worker complained of right knee pain, rated 9 out of 10 on the visual analog scale. The injured worker could walk for one hour with crutches, sit for two hours with leg elevated without pain but need help putting on shoes and socks and hadn't squatted since surgery. In a physical therapy reevaluation dated 8-3-15, the injured worker had completed 10 postoperative physical therapy sessions. The injured worker complained of right knee pain rated 5 out of 10. The injured worker was able to put on socks and shoes, had no limitation on sitting, was able to squat approximately halfway and could walk for one hour without assistive device. In a PR-2 dated 7-27-15, the complained of ongoing right knee pain. The injured worker reported that medications were helping and being used on a regular basis. The physician stated that the injured worker had a "good" response to physical therapy and that improved function and functional restoration was expected with additional therapy. No physical exam was documented. The treatment plan included additional physical therapy three times a week for four weeks and continuing medications (Omeprazole, Naproxen Sodium and Tramadol). On 8-21-15, Utilization Review noncertified a request for postoperative physical therapy times twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapters.

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

Decision rationale: The claimant sustained a work injury in July 2014 when she slipped and fell while mopping a floor with a twisting injury to the right knee and underwent right knee arthroscopic surgery on 06/16/15 with plica debridement and synovectomy. As of 07/28/15, she had completed nine postoperative therapy treatments. She was seen by the requesting provider and was having constant knee pain. She had run out of pain medications and was requesting a refill. Ultracet, Prilosec, and Anaprox-DS were being prescribed. No physical examination was recorded. Authorization for a 12 additional postoperative therapy sessions for the knee was requested. Therapeutic goals were discussed with the claimant but were not further documented. On 08/04/15, she underwent an elective L4/5 lumbar discectomy and fusion. After the knee 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 had already had post-operative physical therapy. No physical examination was recorded and therefore the presence of ongoing impairment of the knee is not documented. No particular or new therapeutic content was being requested. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.