

Case Number:	CM15-0193679		
Date Assigned:	10/07/2015	Date of Injury:	08/26/2014
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 63 year old male patient who sustained an industrial injury on 08-26-2014. The diagnoses include persistent right knee pain. Per the provider notes dated 03-30-2015, the patient was seen at three months post bursectomy of the right knee. He had resolved right prepatellar bursitis, but still had right medial sided knee pain with a known meniscus tear. Prior to this, he had 12 sessions of physical therapy. Per the physical therapy note 08-17-2015, he has difficulty with deep squatting, going up hills, or prolonged walking. The physical examination of the right knee revealed IT band tenderness, range of motion- 0 to 125 degrees and 4/5 strength in gluteus maximus and medius. The current medications list is not specified in the records provided. He has undergone a right knee arthroscopic examination under anesthesia with a partial medial and lateral meniscectomy and injection for post- operative pain management on 07-02- 2015; bursectomy. The surgery was followed by physical therapy for 8 visits. A request for authorization was submitted for additional physical therapy two times a week for six weeks for the right knee. A utilization review decision 09-11-2015 modified the request to certify additional physical therapy 1x4 (QTY: 4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for six weeks for the right knee: Upheld

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

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

Decision rationale: Additional physical therapy two times a week for six weeks for the right knee. The patient has undergone a right knee arthroscopic examination under anesthesia with a partial medial and lateral meniscectomy and injection for post-operative pain management on 07-02-2015. The cited guidelines recommend 12 visits over 12 weeks for this surgery. Per the records provided, patient has already had 8 post op physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. Per MTUS post-surgical guidelines, "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." In addition, per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of additional physical therapy two times a week for six weeks for the right knee is not established for this patient at this time. Therefore, the request is not medically necessary.