

Case Number:	CM15-0194910		
Date Assigned:	10/08/2015	Date of Injury:	12/26/2014
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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, Hawaii

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:

The injured worker is a 40 year old female, who sustained an industrial-work injury on 12-26-14. She reported initial complaints of left knee pain. The injured worker was diagnosed as having left knee lateral meniscus tear. Treatment to date has included anti-inflammatory and analgesic medication, physiotherapy (over 40 visits), acupuncture, and diagnostics. MRI results were reported to demonstrate a medial meniscal tear (complex). Currently, the injured worker complains of knee pain that was not responding to conservative treatment. Pain is rated 5 out of 10. Per the comprehensive orthopedic surgical consult on 9-8-15, exam notes medial joint tenderness, normal range of motion, normal stability, negative orthopedic tests, strength, sensation, and vascular exam. Current plan of care includes arthroscopy left partial medial meniscectomy. The Request for Authorization requested service to include 18 Post-operative physical therapy 3 times a week for 6 weeks for the left knee. The Utilization Review on 9-30-15 denied the request for 18 Post-operative physical therapy 3 times a week for 6 weeks for the left knee, per CA MTUS (California Medical Treatment Utilization Schedule), Knee Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Post operative physical therapy 3 times a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The patient presents with pain affecting the left knee. The current request is for 18 Post operative physical therapy 3 times a week for 6 weeks for the left knee. The treating physician report dated 9/8/15 (24B) states, "The patient is advised that surgery may be indicated." The report goes on to state, "The patient will likely require three months of recovery following surgery before reaching the point of maximum benefit from orthopedic treatment." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy for the left knee, although a specific quantity is unknown. The patient's status is not post-surgical. In this case, the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, there is no documentation indicating that the patient has been authorized for surgery. The current request is not medically necessary.