

Case Number:	CM15-0195842		
Date Assigned:	10/12/2015	Date of Injury:	07/29/2014
Decision Date:	11/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/07/2015

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, Pain Management, Occupational Medicine

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 61 year old female, who sustained an industrial injury on July 29, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having osteoarthritis of the left knee and meniscal tear of left knee. Treatment to date has included left knee arthroscopy with partial medial and lateral meniscectomy, diagnostic studies and physical therapy. On July 31, 2015, the injured worker presented for follow-up regarding her left knee injury. She indicated that she is improving with therapy. The injured worker reported some mild pain and weakness in the knee. Physical examination of the knee revealed range of motion of 0 to 120 degrees. Her quadriceps strength was a 4 out of 5. Her gait was within normal limits. The treating physician noted that she was improving but still had some residual weakness in the knee. The treatment plan included continuation of physical therapy at twice a week for six weeks to optimize her strength and function. On September 3, 2015, utilization review modified a request for twelve additional post-operative physical therapy sessions at two times a week for six weeks for the left knee as outpatient to six additional post-operative physical therapy sessions at two times a week for three weeks for the left knee as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional postoperative physical therapy 2 times a week for 6 weeks for the left knee:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS 2009 recommends up to 12 sessions of physical therapy postoperative a meniscectomy. This patient has undergone a medial and lateral meniscectomy and has underlying osteoarthritis as well. The patient has returned to work with restrictions precluding repetitive climbing. This request for 12 sessions was modified to approve six sessions based on the patient's range of motion. The patient continued to have one grade strength weakness in the quadriceps. This request for therapy exceeds the number recommended by MTUS 2009. However, the patient does have remaining weakness, which may respond better to physical therapy than an independent exercise program. Furthermore, the patient has returned to work which suggests that the patient has responded well to therapy. Therefore, this request for a total of 12 sessions of physical therapy is medically necessary.