

Case Number:	CM15-0197687		
Date Assigned:	10/14/2015	Date of Injury:	12/03/2013
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
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

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 male, who sustained an industrial injury on 12-3-2013. The medical records indicate that the injured worker is undergoing treatment for right knee meniscal tear with partial anterior cruciate ligament tear; status post arthroscopy. According to the progress report dated 8-20-2015, the injured worker completed 12 sessions of physical therapy since his right knee surgery 3 months ago. The treating physician states that "he still has some weakness". The physical examination of the right knee reveals mild effusion, 0 to 130 degrees range of motion, and decreased (4 out of 5) muscle strength in the quadriceps. The current medications are Ultram and Flexeril. Previous diagnostic studies include MRI scan. Treatments to date include medication management, physical therapy, TENS unit, and surgical intervention. Work status is described as temporary total disability. The treatment plan included additional physical therapy for the right knee to increase his strength. The original utilization review (9-16-2015) had non-certified a request for 12 additional physical therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy for the right knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The 40 year old patient complains of pain in cervical spine, bilateral elbows, and right arm, rated at 5/10 with medications and 7/10 without medications, as per progress report dated 08/20/15. The request is for 12 physical therapy for the right knee 2 times a week for 6 weeks. The RFA for this case is dated 09/08/15, and the patient's date of injury is 12/03/13. Diagnoses, as per progress report dated 08/20/15, included multilevel disc bulges with foraminal and central canal stenosis at C5-6 and neural foraminal stenosis at C6-7, right elbow contusion, and right knee meniscal tear status post arthroscopy, and right knee meniscal tear with partial anterior cruciate ligament tear. Medications included Ultram and Flexeril. The patient is off work, as per the same report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS post-surgical guidelines, pages 24-25 states: "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Knee Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks: Postsurgical physical medicine treatment period: 6 months". The request for 12 sessions of physical therapy is noted in progress report dated 08/20/15. The treater states the patient has completed 12 sessions of physical therapy since his right knee surgery three months ago. He still has some weakness so I would recommend additional physical therapy two times a week for six months for the right knee to increase his strength. In progress report dated 04/08/15, the treater indicates that the patient has completed 12 sessions of physical therapy which led to increased range of motion and decreased pain. While the patient appears to have benefited from prior therapy, the treater does not explain why he has not transitioned to a home exercise regimen. Additionally, the reports do not document the patient's date of surgery. In progress report dated 08/20/15, the treater indicates he underwent arthroscopic surgery three months ago, and underwent 12 sessions of PT after that. However, in report dated 04/08/15, the treater states the patient completed 12 sessions of physical therapy. It is not clear if this is the same as the post-operative therapy. There is no indication that the patient is within the post-operative time frame. Nonetheless, MTUS only recommends 8-10 sessions of physical therapy in non-operative cases, and 12 sessions of physical therapy to patients undergoing meniscal tear surgery. Therefore, the request for 12 additional sessions of PT is not medically necessary.