

Case Number:	CM15-0199012		
Date Assigned:	10/14/2015	Date of Injury:	11/05/2013
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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: New Jersey

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:

The injured worker is a 41 year old female, who sustained an industrial injury on 11-5-2013. Diagnoses include lateral meniscal tear and lateral subluxation of left patella, status post left knee arthroscopy on 4-29-15. Treatments to date include activity modification, knee brace and crutches, medication therapy, and 12 post-operative physical therapy sessions. On 9-4-15, she complained of left knee pain associated with weakness, buckling sensation, limited standing and walking. It was noted she was trying to wean of crutch use and knee brace. The physical examination documented medial reticulum tenderness, range of motion 0-105 degrees (improved from 0-100 degrees on 8-17-15), and quadriceps strength 4 out of 5 (improved from 4- out of 5 on 8-17-15). The provider documented twelve post-operative physical therapy sessions were completed with residual weakness requiring a walking aid. The plan of care included a hinged knee brace to substitute from a verger knee brace and additional physical therapy sessions. The appeal requested authorization for an additional 6 physical therapy sessions, twice a week for three weeks. The Utilization Review dated 9-29-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Knee and Leg.

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

Decision rationale: The MTUS Postsurgical Treatment Guidelines state that following arthroscopy of the knee for meniscal damage, up to 12 sessions of supervised physical therapy is warranted over 12 weeks. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. In the case of this worker, there was record of having completed 12 sessions of physical therapy for the left knee. The provider requested additional therapy due to continued symptomatology and tenderness. However, there was no clear report on how effective the completed therapy was at improving function, nor was there any suggestion that the worker would be unable to perform home exercise as this point in the therapy. Therefore, due to these factors, this request for additional physical therapy will not be considered medically necessary at this time.