

Case Number:	CM15-0199130		
Date Assigned:	10/14/2015	Date of Injury:	12/28/2012
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
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: 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 59 year old male who sustained an industrial injury on 12-28-2012. A review of the medical records indicated that the injured worker is undergoing treatment for osteoarthritis of the right knee. The injured worker is status post right knee diagnostic arthroscopy and partial medial and lateral meniscectomy with debridement, chondroplasty of the patellofemoral joint and limited synovectomy on 07-17-2015. According to the treating physician's progress report on 09-08-2015, the injured worker continues to make steady progress post-surgery with residual stiffness, pain and swelling with prolonged weight bearing activities especially on the medial side. Examination of the right knee demonstrated well-healed arthroscopic portal sites with range of motion documented at 0-115 degrees. Motor strength was noted at 4 out of 5 with stable Lachman, anterior drawer, varus and valgus testing. Neurovascular was intact. Prior treatments have included diagnostic testing, surgery, physical therapy (8 completed with 4 more to attend as of 09-08-2015) and medications. Current medication was listed as Norco. The injured worker remains on temporary total disability (TTD). Treatment plan consists of pain management evaluation, Synvisc injection to the right knee and the current request for additional physical therapy for the right knee times 12 sessions. On 09-25-2015 the Utilization Review modified the request for physical therapy for the right knee times 12 sessions to physical therapy for the right knee times 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Right Knee (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, 2015, Physical Medicine.

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

Decision rationale: Review indicates the patient is s/p right knee diagnostic arthroscopy with partial medial and lateral meniscectomy, debridement, chondroplasty of the patellofemoral joint and limited synovectomy on 07-17-2015. The patient has completed 8 of the 12 authorized post-op PT visits with exam findings of range 0-115 degrees, 4/5 motor strength, without instability. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 4 months without documented post-operative complications, or comorbidities to allow for additional physical therapy beyond guidelines criteria and should be transitioned to an independent home exercise program. The 12 Physical Therapy Sessions for the Right Knee (2x6) is not medically necessary and appropriate.