

Case Number:	CM15-0203611		
Date Assigned:	10/20/2015	Date of Injury:	06/29/2011
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 41-year-old female, with a reported date of injury of 06-29-2011. The diagnoses include status post left knee arthroscopy, left knee chondromalacia, left knee synovitis, and left knee lateral meniscus tear. The progress report dated 09-02-2015 indicates that the injured worker presented for re-evaluation of her left knee. She stated that she continued to have improvement in the knee, but it was a little swollen. The injured worker described her left knee pain as occasional, and increased with prolonged sitting and walking for more than one hour. She rated her pain 4 out of 10 with rest, and 7 out of 10 with activity. On 07-08-2015, the injured worker rated her pain 7 out of 10 after medications at rest, and 10 out of 10 with activity. It was noted that the injured worker had completed 12 physical therapy sessions. The physical examination showed a slightly altered gait favoring the left lower extremity; well-healed surgical excisions of the left knee with no signs of infection; mild effusion of the lateral left knee; range of motion of the left knee was 0-140 degrees with pain and crepitus; tenderness to palpation of the medial and lateral joint line of the left knee; and normal sensation. The injured worker's current work status was not indicated. On 07-08-2015, the injured worker's work status was noted as unable to return to work and temporary total disability. The diagnostic studies to date have included MR Arthrogram of the left knee on 03-19-2015 which showed mild degenerative changes of the medial meniscus, probable trace diffuse thinning of the hyaline cartilage, tiny central osteophyte, and high-grade articular cartilage along the lateral facet of the patellofemoral compartment. Treatments and evaluation to date have included left knee partial meniscectomy, limited synovectomy patellofemoral joint, separate compartment on 07-02-2015; left knee injection, Ibuprofen, Norco, and physical therapy. The previous physical therapy

reports were not included in the medical records provided. The request for authorization was dated 09-14- 2015. The treating physician requested additional physical therapy sessions for the left knee three times a week for four weeks. On 09-23-2015, Utilization Review (UR) non-certified the request for additional physical therapy sessions for the left knee three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for Left Knee 3 x week x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy left knee three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post left knee arthroscopy with partial lateral meniscectomy, limited synovectomy patellofemoral joint. Date of injury is June 29, 2011. Request for authorization is September 10, 2015. The medical record contains 59 pages. According to a September 2, 2015 progress note, union workers status post left knee arthroscopy. The injured worker received 12 physical therapy sessions. The injured worker has improved although still has swelling and pain in the affected knee. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, additional physical therapy to the left knee three times per week times four weeks is not medically necessary.