

Case Number:	CM15-0203783		
Date Assigned:	10/20/2015	Date of Injury:	08/10/2014
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old female, who sustained an industrial injury on 08-10-2014. A review of the medical records indicates that the worker is undergoing treatment for right knee medial meniscal tear status post right knee arthroscopy and right knee chondral lesion of the medial compartment. The injured worker underwent right knee arthroscopic partial medial meniscectomy, extensive chondroplasty of the medial femoral condyle for lesion and synovectomy on 04-15-2015. Subjective complaints (06-19-2015, 07-23-2015, 09-04-2015) included continued right knee pain with no improvement. The severity of pain was not quantified. Objective findings (06-19-2015) revealed trace effusion of the right knee, localized tenderness of the medial compartment, range of motion of 0-120 degrees and quadriceps strength of 4 out of 5. Objective findings (07-23-2015) revealed swelling, tenderness and crepitus of the right knee. Objective findings (09-04-2015) included decreased range of motion of the right knee with active range of motion of +15 degrees and passive range of motion of +5 degrees, tenderness to palpation of the medial joint line of the right knee and positive straight leg raise on the left. Treatment has included pain medication, 12 sessions of post-operative physical therapy and bracing. Although the physical therapy notes document that the worker was improving with therapy, there was no detailed documentation of any specific objective functional improvements noted with therapy. A utilization review dated 09-16-2015, non-certified a request for additional physical therapy to right knee 2x a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the right knee 2x week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: Additional physical therapy to the right knee 2 x week for 4 weeks is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 visits postoperatively for this surgery. The documentation indicates that the patient has completed these sessions. The MTUS recommends a transitioning to an independent home exercise program. The documentation is not clear on specific objective functional improvement from prior therapy. There are no extenuating factors that would necessitate 8 more supervised therapy visits. Therefore, this request for additional right knee therapy is not medically necessary.