

Case Number:	CM15-0204378		
Date Assigned:	10/21/2015	Date of Injury:	04/03/2014
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 26-year-old male with a date of industrial injury 4-3-2014. The medical records indicated the injured worker (IW) was treated for tear of medial cartilage or meniscus of the knee, current; and pain in joint lower leg. An operative report dated showed the IW had right knee arthroscopy and arthrotomy on 5-26-15. In the progress notes (8-26-15), the IW reported continued pulling pain in the right knee with extension and continued, constant pain in the lumbar spine rated 8 out of 10. Right knee pain was unchanged from the 7-17-15 visit. On examination (8-26-15 notes), there was medial joint line tenderness and mild swelling of the right knee. X-rays of the right knee and right tibia showed no increase in osteoarthritis. On palpation of the lumbar spine, there was tenderness and spasms noted. Treatments included medications (Hydrocodone APAP, Cyclobenzaprine, Diclofenac and Tramadol ER), right knee arthroscopy (7-22-14, which was not helpful), physical therapy for the lumbar spine, 8 sessions (results not documented) and right knee postoperative physical therapy (unknown number of sessions), which was helpful. The IW was released for modified duty. Physical therapy was recommended for the lumbar spine for core strengthening and reconditioning exercises and to improve joint mobilization and regain range of motion of the right knee. A Request for Authorization dated 9-10-15 was received for physical therapy, lumbar spine, 12 sessions and postoperative physical therapy, right knee and non-certified by the Utilization Reviewer on 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

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

Decision rationale: Review indicates the patient has had at least 16 PT visits for the lumbar spine; however, has continued with chronic pain symptoms. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic April 2014 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy, lumbar spine, 12 sessions is not medically necessary and appropriate.

Post operative physical therapy, right knee: Upheld

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

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

Decision rationale: Review indicates the patient has history of previous right knee arthroscopy on 7/22/14 with postop PT; however, was noted as not helpful with continued symptoms. Currently, the patient is 2nd knee surgery s/p right knee arthroscopy with subcutaneous lateral release, patelloplasty, partial medial meniscectomy, partial synovectomy and arthrotomy on 5/26/15 with unknown quantity of PT. Postop short treatment of cold therapy was authorized. There is no report of postop complications. Follow-up report postoperatively on 6/3/15, noted the patient to begin 12 PT sessions and to be off work. Follow-up on 7/17/15 noted the patient was participating in postop PT for the knee; however, he complained of almost passing out in physical therapy from the pain. The patient remained off work. The Chronic Pain Guidelines,

post-operative therapy allow for 12 visits over 12 weeks for arthroscopic knee surgery over a postsurgical physical medicine treatment period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's arthroscopy is now over 6 months without documented functional limitations, post-operative complications, or comorbidities or functional improvement from treatment rendered to allow for additional physical therapy. There is no reported functional improvement from treatment of PT visits already rendered and the patient should have been transitioned to an independent home exercise program. The Postoperative physical therapy, right knee is not medically necessary and appropriate.