

Case Number:	CM15-0204922		
Date Assigned:	10/21/2015	Date of Injury:	07/31/2014
Decision Date:	12/03/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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 43 year old female, who sustained an industrial injury on 07-31-2014. She has reported injury to the neck, left knee, and low back. The diagnoses have included cervicalgia; low back pain; left knee pain; and left knee complex posterior horn medial meniscus tear. Treatment to date has included medications, diagnostics, activity modification, and physical therapy. Medications have included Naprosyn and Ibuprofen. A progress report from the treating physician, dated 10-07-2015, documented a follow-up visit with the injured worker. The injured worker reported flares of pain with effusions of the left knee; increased calor in the knee, intermittently; she notices popping, clicking, and episodes of giving way; she has limited her walking distances, secondary to pain, and avoids stairs; she does not have confidence in her leg strength; she has had physical therapy; and she does not recall taking any medications. Objective findings included no obvious deformity about the left knee; normal peripheral pulses; normal sensation throughout; mildly tender at the medial joint line; mildly tender at the lateral joint line; small effusion; full range of motion; +1 Steinman test; +1 McMurray test; and mildly positive patellofemoral grind test; The provider noted that the MRI scan "is consistent with a complex posterior horn medial meniscus tear". The provider has recommended left knee partial medial meniscectomy. The treatment plan has included the request for twelve (12) postoperative physical therapy visits for the left knee. The original utilization review, dated 10-19-2015, modified the request for twelve (12) postoperative physical therapy visits for the left knee, to six (6) postoperative visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) postoperative physical therapy visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations, and Postsurgical Treatment 2009.

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

Decision rationale: Review indicates the requests for knee arthroscopy for partial medial meniscectomy was approved with modification of request for post-op PT of 12 sessions for an initial half of 6 visits. 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 of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. Functional restoration approach is for an initial trial sessions, namely half or 6 visits to assess for functional benefit; however, submitted reports have not adequately demonstrated the indication to support for a total of 12 physical therapy visits without initial trial sessions that was certified for quantity of 6 visits. Further consideration of therapy is reasonable with documented functional benefit. At this time, there is no report of any post-op complications to support for the total quantity without documented efficacy of treatment rendered. There is no reported limitations evident for the total 12 therapy sessions. The Twelve (12) postoperative physical therapy visits for the left knee is not medically necessary and appropriate.