

Case Number:	CM15-0207583		
Date Assigned:	10/26/2015	Date of Injury:	09/03/2014
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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 55 year old male who sustained an industrial injury on 9-3-14. A review of the medical records indicates that the worker is undergoing treatment for status post right knee arthroscopy with partial meniscectomy and debridement of arthritic knee. Subjective complaints (10-5-15) include symptoms are improving and he still has some discomfort but back pain is what is bothering him most. Physical therapy is reported to be helpful and notes that his therapist is recommending a brace for the right knee. Objective findings (10-5-15) include some mild medial joint line tenderness on the right knee, full range of motion of the lumbar spine, full range of motion of bilateral hips and bilateral knees, and normal sensation throughout. The assessment is noted as right knee mild arthritis as well as status post (5 months) meniscectomy. A request for authorization is dated 10-9-15. The requested treatment of physical therapy 2x6 (12 sessions) and a brace was non-certified on 10-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, 12 sessions: Overturned

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

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

Decision rationale: The patient presents with right knee pain. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS, 12 SESSIONS. The request for authorization form is dated 10/09/15. The patient is status post right knee arthroscopy with partial meniscectomy and debridement of arthritic knee, 04/14/15. MRI of the right knee, 10/25/14, shows tibial exophytic osteochondroma; medial meniscus tear; lateral meniscus tear. Patient's diagnosis includes right knee mild arthritis as well as status post meniscectomy, five months out. Physical examination reveals he does have some mild medial joint line tenderness on the right knee not on the left. Per progress report dated 09/01/15, the patient will continue TTD. MTUS post-surgical guidelines, pages 24-25, Knee Section recommends: "Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months." Per progress report dated 10/05/15, treater's reason for the request is "He does feel the physical therapy is helping him." The patient is status post right knee surgery, 04/14/15. In this case, the patient is still within the postsurgical treatment period but continues with right knee pain. Given the patient's condition, continued short course of physical therapy would appear to be indicated. However, per UR letter dated 02/18/15, the patient was authorized post operative Physical Therapy two (2) times a week for six (6) weeks. The request for 12 additional sessions of Physical Therapy would exceed MTUS guidelines for this post-op condition. Therefore, the request IS medically necessary.

Brace: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Knee Brace.

Decision rationale: The patient presents with right knee pain. The request is for BRACE. The request for authorization form is dated 0/09/15. The patient is status post right knee arthroscopy with partial meniscectomy and debridement of arthritic knee, 04/14/15. MRI of the right knee, 10/25/14, shows tibial exophytic osteochondroma; medial meniscus tear; lateral meniscus tear. Physical examination reveals he does have some mild medial joint line tenderness on the right knee not on the left. Per progress report dated 09/01/15, the patient will continue TTD. ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture. Treater does not discuss the request. In this case, the patient is status post right knee surgery. Physical examination reveals he does have some mild medial joint line tenderness on the right knee not on the left. Given the patient's diagnosis, physical examination findings, post-op condition, and continual right knee pain, the request for a Brace appears reasonable. Therefore, the request IS medically necessary.