

Case Number:	CM15-0208860		
Date Assigned:	10/28/2015	Date of Injury:	12/09/2012
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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 35-year-old male, with a reported date of injury of 12-09-2012. The diagnoses include re-tear of a medial meniscus and resection of a medial plica, status post partial medial and lateral meniscectomy, and pain in lower leg joint. The progress report dated 09-24-2015 indicates that the injured worker still had pain on the medial side of his right knee five months after surgery. The progress reports dated 07-14-2015 and 09-24-2015 did not indicate the injured worker's pain ratings. The physical examination showed the ability to flex and extend the knee without pain; medial-sided pain and medial joint line pain around the anterior aspect of the joint line; no lateral-sided joint pain; no effusion and patellofemoral pain with compression or motion; and negative McMurray's test in internal and external rotation. The physical examination on 07-14-2015 showed an effusion; no significant patellofemoral pain with compression; positive patellofemoral crepitus; stability with varus and valgus stress testing; no pain with full flexion; negative McMurray test; and painful Payr's test. It was noted that the injured worker would remain on modified work duties. The medical records included eight physical therapy visit reports dated 04-27-2015 through 05-28-2015. The physical therapy report dated 05-28-2015 indicates that the injured worker stated that his right knee was feeling better, but he still had pain with prolonged standing and walking activities. The injured worker rated his right knee pain 6 out of 10 at its worst; 4 out of 10 at its best; and current rating 5 out of 10. It was noted that the injured worker was progressing with exercise with less sharp right knee pain; and that the injured worker would benefit from further strengthening. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included physical therapy, and partial medical meniscectomy with removal of plica on 04-09-2015, knee brace. The request for authorization was dated 10-07-2015. The treating physician requested six

physical therapy visits as an outpatient for the right knee. On 10-12-2015, Utilization Review (UR) non-certified the request for six physical therapy visits as an outpatient for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #6, six visits for the right knee as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, physical therapy #6, six visits for the right knee as an outpatient 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 partial medial and lateral meniscectomy. Date of injury is December 9, 2012. Request for authorization is October 7, 2015. The documentation indicates the injured worker received physical therapy session #1 on April 27, 2015 and physical therapy session #8 on May 28, 2015. The physical therapy progress note indicates the injured worker was instructed on a home exercise program and prescribed the same. There is no documentation of subsequent physical therapy after that date. Subjective complaints include ongoing knee pain, although the knee is improved. According to a September 24, 2015 progress note, the injured worker is 5 1/2 months status post surgery. The injured worker has ongoing pain in the right knee. Objectively, flexion and extension do not elicit pain. There is medial joint line tenderness, but no lateral joint line tenderness. There is no effusion. The total number of physical therapy sessions (other than the #8 previously noted) is not specified. There is no documentation demonstrating objective functional improvement with the eight sessions documented and additional sessions that are not documented. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. As noted above, the injured worker was discharged to a home exercise program after the #8 sessions of physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation by the treating provider demonstrating objective functional improvement (after the eight sessions), no documentation of additional physical therapy, and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy #6, six visits for the right knee as an outpatient is not medically necessary.