

Case Number:	CM15-0209404		
Date Assigned:	10/29/2015	Date of Injury:	06/12/2013
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
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

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 32 year old female sustained an industrial injury on 6-12-13. Documentation indicated that the injured worker was receiving treatment for left knee internal derangement. The injured worker underwent left knee arthroscopy with synovectomy, partial medial meniscectomy, partial meniscectomy and abrasion chondroplasty on 7-30-15. In the operative report the physician noted unusual circumstances causing extreme difficulty secondary to the injured worker's morbid obesity making the procedure very difficult. In a physical therapy evaluation dated 8-26-15, the injured worker complained of left knee pain, rated 8 out of 10 on the visual analog scale. The injured worker exhibited moderate limitations in walking, stairs and bending, severe limitation in recreation activity and was unable to perform running or working Left knee with range of motion: flexion 28-80 degrees, extension 28 degrees and 3- out of 5 strength. In a physical therapy reevaluation dated 9-28-15, the injured worker continued to complain of left knee pain rated 8 out of 10. The only area of improvement was in range of motion with flexion increased from 28 to 80 degrees to 28 to 86 degrees. The remainder of the assessment was exactly the same. The injured worker had completed 11 physical therapy sessions. On 9-23-15, a request for authorization was submitted for physical therapy twice a week for four weeks for the left knee. On 9-29-15, Utilization Review modified a request for physical therapy twice a week for four weeks for the left knee to two sessions of physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy once a week for two weeks of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient was injured on 06/12/13 and presents with left knee pain. The request is for physical therapy once a week for two weeks of the left knee. There is no RFA provided and the patient is on total temporary disability. On 07/30/15, the patient underwent a left knee arthroscopy with synovectomy, partial medial meniscectomy, partial meniscectomy and abrasion chondroplasty. MTUS, post-surgical guidelines page 24-25, recommends 12 visits over a period of 12 weeks for patients undergoing a meniscectomy. The post-surgical time frame is 6 months. The patient is diagnosed with left knee internal derangement. The utilization review letter states that the patient has had 16 sessions of physical therapy ordered post operatively for the meniscectomy. However, it is unclear how many total sessions the patient has had out of those sessions ordered. In this case, the requested 2 sessions in addition to the 16 sessions already ordered exceeds what is allowed by MTUS guidelines. Therefore, the request is not medically necessary.