

Case Number:	CM15-0027809		
Date Assigned:	02/20/2015	Date of Injury:	08/25/2013
Decision Date:	03/31/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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 53 year old female, who sustained an industrial injury on August 25, 2013. She has reported injury of the left knee. The diagnoses have included derangement of meniscus, chondromalacia of patella, tibialis tendonitis. Treatment to date has included left knee surgery, completed 4 out of 8 approved physical therapy visits. Currently, the IW complains of continued left knee issues. Physical findings reveal a good range of motion with some crepitus. Surgical incisions are well healed. On February 6, 2015, Utilization Review modified certification of 4 additional post-operative physical therapy visits for the left knee. The MTUS and ODG guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of eight additional post-operative physical therapy visits for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy two times a week for four weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy post operative two times per week times four weeks to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is 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 left knee arthritis. Subjectively, in a progress note dated January 28, 2015, the treating physician notes the injured worker completed 4 of 8 authorized post operative physical therapy visits. The documentation is unclear as to whether the remaining four visits expired. The treating physician is now requesting additional physical therapy two times per week for four weeks to the left knee. The guidelines recommend 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. The injured worker completed #4 of the authorized 8 sessions. There is no compelling clinical documentation for an additional four (over and above the remaining four physical therapy) sessions. Consequently, absent compelling clinical documentation for an additional eight physical therapy sessions, physical therapy post operative two times per week times four weeks to the left knee is not medically necessary.