

Case Number:	CM15-0217406		
Date Assigned:	11/09/2015	Date of Injury:	09/09/2014
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/04/2015

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: Emergency 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 58 year old male who sustained an industrial injury on 09-09-2014. Treatment to date has included physical therapy, cortisone injection, surgery and post-operative physical therapy. On 08-04-2015, the injured worker underwent arthroscopic multicompartement synovectomy, arthroscopic partial medial meniscectomy and chondroplasty. Post postoperative diagnosis included right knee medial meniscal tear and arthritis with synovitis. According to a physical therapy progress report dated 09-11-2015, the injured worker had completed 6 of 12 initial physical therapy visits. He continued to report diffuse pain and throbbing through the knee depending on activity levels. He also reported pain at the anterior knee with ascending and descending stairs and with kneeling. He continued to take Ibuprofen as needed at night in order to sleep and was using ice on the knee on a daily basis. He wanted to continue with physical therapy in order to address remaining function deficient. Current right knee pain was rated 3 out of 10. Functional status included: no limitation with sit to stand, moderate limitation with walking, severe limitation with stairs, moderate limitation with bending and unable to perform recreational exercise. He was currently not working. Gait was antalgic with decreased stance time on the right lower extremity. Active range of motion of the right knee was 125 degrees with flexion as compared to 110 degrees on 08-25-2015. Strength remained unchanged at 4 out of 5 on the right with flexion and 4 minus out of 5 on the right with extension. Passive range of motion in the right knee with flexion was 130 degrees (as compared to 115 degrees on 08-25-2015). Tenderness with palpation to the anterior medial knee was noted. The treatment plan included physical therapy 2 times a week for 6 weeks. According to a progress report dated 09-

30-2015, the injured worker was about eight weeks out from his right knee surgery. He was doing "well" but still had some pain and crepitation. He had a setback in bed a few nights ago when he twisted, and it did improve. On examination, his range of motion was 0 to 135 degrees. He had mild effusion and mild crepitation. The treatment plan included physical therapy two times a week for another 12 weeks. He had only completed six visits of therapy. He was to return in six weeks for consideration of visco supplementation. His primary treating physician was managing his work status. On 10-20-2015, Utilization Review modified the request for physical therapy 12 sessions and authorized the request for follow up visit x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions x12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Physical therapy.

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

Decision rationale: The request for Physical therapy sessions x12 is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Knee, Pages 24-25, noted: "Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72) note: Postsurgical treatment: 12 visits over 12 weeks" Postsurgical physical medicine treatment period: 4 months. The injured worker was about eight weeks out from his right knee surgery. He was doing "well" but still had some pain and crepitation. He had a setback in bed a few nights ago when he twisted, and it did improve. On examination, his range of motion was 0 to 135 degrees. He had mild effusion and mild crepitation. The treatment plan included physical therapy two times a week for another 12 weeks. He had only completed six visits of therapy. The treating physician has not documented the medical necessity for additional physical therapy beyond the recommended 12 post-op therapy sessions versus a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy sessions x12 is not medically necessary.