

Case Number:	CM15-0221649		
Date Assigned:	11/17/2015	Date of Injury:	12/17/2013
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female with an industrial injury date of 12-18-2013 per treatment notes, 12-17-2013 per utilization review. Medical record review indicates she is being treated for unilateral post traumatic osteoarthritis of left knee, tear of lateral meniscus- left knee and tear of medial meniscus- left knee. The injured worker presented on 10-29-2015 status post scope of left knee with medial and lateral meniscectomy with chondroplasty on 09-14-2015. His pain was rated as 2 out of 10 at rest and 7 out of 10 with "aggressive" physical therapy in left knee. The treating physician noted the injured worker had completed 12 out of 12 physical therapy improvements. "She has made improvements in her range of motion and her ability to walk." "Was able to go to the mall since last visit and walk about 50-60 minutes." Work status (10-29-2015) is documented as modified duty 11-06-2015 - 11-14-2015. Medications (10-29-2015) included Percocet and Ibuprofen. Prior treatment included 12 physical therapy appointments. Physical findings (10-29-2015) noted "some" swelling, stiffness and crepitus of the left knee. Gait was slightly antalgic without assistance. The treating physician noted "this is improved." Effusion was documented as minimal and range of motion as improved. On 11-05-2015 the request for outpatient additional post-operative physical therapy to the left knee 2 times a week for 3 weeks was modified (by utilization review) to outpatient additional post-operative physical therapy to the left knee times 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional post-operative physical therapy 2 times a week for 3 weeks left knee:
Upheld

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

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

Decision rationale: The claimant sustained a work injury in December 2013 and underwent an arthroscopic left knee medial and lateral meniscectomy with chondroplasty on 09/14/15. She had post-operative physical therapy with completion of 12 sessions as of 10/30/15. She had improved range of motion and walking tolerance and was planning on returning to restricted work in one week. When seen, she had pain rated at 2/10, increased to 7/10 with aggressive physical therapy. She still had some swelling, stiffness, and crepitus. Her body mass index was 32.4. There was a slightly antalgic gait without assistive device and a minimal effusion. Range of motion was from 0 to 102 degrees. An additional 6 physical therapy treatments were requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy appropriate after the surgery performed. Her surgery was uncomplicated and she has made good progress and has discontinued assistive device use and is planning to return to work. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.