

Case Number:	CM15-0030040		
Date Assigned:	02/23/2015	Date of Injury:	08/29/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 42-year-old male patient, who sustained an industrial injury on 8/29/13. The diagnoses have included status post left knee arthroscopic repair and re-tear of the medial meniscus, status post left knee re-arthroscopic repair, myofascitis low back, leg joint pain and internal derangement of left knee. Per the doctor's note dated 2/3/2015, patient had improved left knee strength with therapy. Physical examination revealed left knee- 5/5 strength and range of motion 0 to 120 degrees. Per the doctor's note dated 1/9/2015, he has completed 16 post op physical therapy visits but still had instability. Physical examination revealed 5/5 strength and range of motion 0 to 115 degrees. Per the progress note dated 12/9/14 physical examination revealed crepitus and catching of left with flexion and improvement in mobility and decreased pain with physical therapy. The current medications list is not specified in the records provided. He has undergone left knee arthroscopic surgery on 1/31/2014 and left knee re-arthroscopy, partial medial meniscectomy, debridement of the medial femoral condyle on 9/23/2014. Per the note dated 1/9/15, he has completed 16 post op physical therapy visits for this injury. On 1/27/15 Utilization Review non-certified additional physical therapy 2 times a week for 4 weeks of left knee, and submitted certification for 2 additional visits. The MTUS, ACOEM Guidelines, was cited. On 2/6/15, the injured worker submitted an application for IMR for review of additional physical therapy 2 times a week for 4 weeks of left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy twice (2) per week for four (4) weeks (8 sessions total):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Request: Additional Physical Therapy twice (2) per week for four (4) weeks (8 sessions total) MTUS post-surgical guidelines recommend up to 12 post op visits over 12 weeks for this surgery. Per the records provided patient has already had 16 post op physical therapy visits. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. In addition, per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Additional Physical Therapy twice (2) per week for four (4) weeks (8 sessions total) is not fully established for this patient at this time.