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| Case Number: | CM15-0037993 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 09/12/2013 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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:

The injured worker is a 52 year old female, who sustained an industrial injury reported on 9/12/2013. She reported continued right knee pain. The diagnoses were noted to include status-post arthropathy, x 2, with chondroplasty, lysis of adhesions, synovectomy, and partial lateral meniscectomy; now with severe osteoarthritis; degenerative knee joint disease; and pyogenic arthritis involving the lower leg. Treatments to date have included consultations; multiple diagnostic imaging studies; right knee arthroscopy, meniscectomy; physical therapy; home exercise program - non-compliance; and medication management. The work status classification for this injured worker (IW) was noted to not be working. On 2/3/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/29/2015, for 8 physical therapy sessions, 2 x a week x 4 weeks, right knee. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, post-surgical treatments, physical medicine - physical therapy - passive therapy, chronic pain, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The 52 year old patient has been diagnosed with knee pain and contusion of knee, as per progress report dated 12/04/14. The request is for PHYSICAL THERAPY TWICE A WEEK FOR 4 WEEKS FOR THE RIGHT KNEE. There is no RFA for this case, and the patient's date of injury is 09/12/13. The patient is status post arthroscopy x 2 with chondroplasty, lysis of adhesion, synovectomy, and partial lateral meniscectomy, as per progress report dated 12/04/14. The patient is working while sitting, as per the same progress report. MTUS, post-surgical guidelines pages 24-25, recommend 12 sessions of PT over a period of 12 weeks. The post-operative time frame is 6 months. In this case, the patient underwent arthroscopy x 2 with chondroplasty, lysis of adhesion, synovectomy, and partial lateral meniscectomy on 09/09/14, as per the operative report. In progress report dated 12/04/14, the treater states that the patient should "continue with her physical therapy." The treating physician, however, does not document the number of PT sessions previously completed by the patient. The UR letter, however, states that the patient has already been authorized to attend 35 sessions of PT. The treater does not document its impact on pain and function. Additionally, MTUS only approves 12 sessions in meniscectomy cases. Hence the request IS NOT medically necessary.