

Case Number:	CM15-0046007		
Date Assigned:	03/18/2015	Date of Injury:	08/19/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 44 year old female, who sustained an industrial injury on August 19, 2013. She has reported left knee pain. Diagnoses have included knee pain and tear of lateral cartilage or meniscus of the knee. Treatment to date has included physical therapy, cortisone injections, knee surgery, and imaging studies. A progress note dated February 20, 2015 indicates a chief complaint of improving left knee pain. The treating physician documented a plan of care that included physical therapy, knee brace, and continued request for Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-16 Physical Therapy Visits Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents on 02/20/15 with left knee pain rated 4-5/10. The patient's date of injury is 08/19/13. Patient is status post left knee arthroscopic lateral

meniscectomy, saucerization of the lateral meniscus, chondroplasty, and limited synovectomy on 04/02/14. The request is for 12-16 PHYSICAL THERAPY VISITS LEFT KNEE. The RFA is dated 02/23/15. Physical examination dated 02/20/15 reveals well healed surgical portals on the left knee, minimal swelling, and reduced range of motion. The patient is not currently prescribed any medications, takes OTC Ibuprofen as needed for pain. Diagnostic imaging was not included. Per 02/20/15 progress note, patient is advised to remain off work until 04/03/15. Progress notes indicate that this patient had knee surgery on 04/02/14 and cannot be considered in the post-operative time frame. Chronic pain guidelines apply. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for what appears to be 12-16 additional post-operative physical therapy sessions for this patient's knee complaint, treater has exceeded guideline recommendations. Documentation provided does not indicate that this patient underwent any post-surgical physical therapy. Ordinarily, the requested physical therapy sessions would be considered appropriate following a procedure of this nature. However, the date of the procedure was 04/02/14 and this patient can no longer be considered in the post-operative time frame. It is not clear why the requesting provider did not specify physical therapy while this patient was in the post-operative time frame. MTUS guidelines indicate a maximum of 10 physical therapy sessions for chronic knee pain the treater has requested 12-16. Therefore, the request IS NOT medically necessary.