

Case Number:	CM15-0050885		
Date Assigned:	03/24/2015	Date of Injury:	08/22/2012
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/17/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 with an industrial injury of 8/22/12. The mechanism of injury was not documented. She underwent right knee arthroscopic surgery with lateral retinacular release and patellar chondroplasty on 8/7/14. She completed 12 post-op physical therapy sessions as of 10/31/14, with documentation of overall improved strength and range of motion. Home exercise program instruction was documented. The 1/15/15 treating physician report cited grade 7/10 right knee pain, grade 5/10 left knee compensatory pain, and grade 3/10 right hip compensatory pain. Medications included hydrocodone and naproxen. Medications improved tolerance to a variety of activity. Physical exam documented no signs of infection, range of motion 0-100 degrees, and left knee tenderness. The treatment plan recommended additional post-op physical therapy right knee 3 times per week for 4 weeks, and continue medications. The 2/27/15 utilization review non-certified the request for 12 additional post-op physical therapy visits based on an absence of detailed functional benefit the initial 12 visits, no evidence of a current flare-up, and no rationale to support medical necessity of treatment exceeding the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy for the right knee QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. At the time of the request, the Post-Surgical Treatment Guidelines were applicable. This injured worker completed the recommended general course of physical therapy as of 10/31/14. The current clinical exam documented limited range of motion and knee tenderness. Medications provided functional benefit. There was no specific functional deficit or functional treatment goal documented to be addressed by additional supervised physical therapy. There is no compelling reason presented to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.