

Case Number:	CM15-0055699		
Date Assigned:	03/30/2015	Date of Injury:	10/11/2013
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Internal Medicine

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 48 year old male who sustained a work related injury on October 11, 2013, incurring leg, head, knee, back, and ankle and buttock injuries. He was diagnosed with a fractured tibia and left wrist dislocation, lumbar sprain and chronic pain syndrome. Treatment included knee surgery and wrist surgery, pain medications, physical therapy and epidural steroid injections. Currently, the injured worker complained of persistent pain in the left knee and wrist. The treatment plan that was requested for authorization included physical therapy for six sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x6 sessions for the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicates that for meniscus surgery, 12 visits of postsurgical physical therapy are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The utilization review treatment appeal letter for the date of service 03/13/2015 documented left knee arthroscopy with partial medial and lateral meniscectomy on 11/21/14 with some benefit. With regards to the left knee, the patient continued to complain of pain in his left knee with limited motion, swelling and occasional giving way. He did undergo left knee arthroscopy with partial medial and lateral meniscectomy on 11/21/14 with some benefit. The patient continues to have left knee pain. The patient is status post left knee arthroscopy with partial medial and lateral meniscectomy on 11/21/14. He has completed 12/12 post-operative physical therapy for his left knee. He states surgeon advises for him to remain off work until the physical therapy has been completed. He feels that his knee is becoming stronger and his range of motion continues to increase with PT. Six additional sessions of physical therapy for the left knee were requested. The patient is status post left knee arthroscopy with partial medial and lateral meniscectomy on 11/21/14. The patient has completed 12/12 post-operative PT sessions. The patient states that he is a recovering well and has completed physical therapy sessions with significant benefit. He is making good gains in his rehabilitation with good range of motion and good strength and no swelling. He does note decreased in his knee pain with PT. He is making good progress with physical therapy and no visible atrophy of his left lower extremity is noted. However, he still has an antalgic gait. He continues to remain off work. He still continues to utilize medications Norco and Naproxen to help with his pain. The patient would need at least 6 sessions to continue rehabilitation and return to some level of gainful employment. These will also help in reducing the intake of his oral medications. His therapist also recommends for 6 more sessions at a reduced rate of once weekly. However, we do feel additional 6 supervised PT sessions are medically necessary prior to the independent exercise program. We believe it is necessary for the patient to acquaint himself with the exercises through these sessions and then begin his independent exercise program. Please acknowledge that doing the exercises in a wrong manner or without the supervision of a trained physiotherapist can worsen his condition rather than proving beneficial. Goals of these PT sessions are to decrease pain and increase the range of motion and decrease his pain medications. We are also hopeful that the physical therapy sessions could help him to return to some level of work. Six additional sessions of physical therapy for the left knee were requested. The utilization review treatment appeal letter for the date of service 03/13/2015 documented that PT physical therapy has resulted in positive impact, and supports the request for additional PT physical therapy. Therefore, the request for physical therapy 12 sessions is medically necessary.