

Case Number:	CM15-0059885		
Date Assigned:	04/06/2015	Date of Injury:	02/22/2012
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old who has filed a claim for chronic knee and elbow pain reportedly associated with an industrial injury of February 22, 2012. In a Utilization Review report dated March 20, 2015, the claims administrator denied a request for 12 additional sessions of physical therapy while apparently approving a knee corticosteroid injection with ultrasound guidance and a follow-up visit. The claims administrator framed the request for physical therapy as a request for postoperative physical therapy following earlier knee meniscectomy and chondroplasty on January 19, 2015. A progress note dated February 26, 2015 was referenced in the determination. The claims administrator contended that the applicant had received nine sessions of physical therapy through this point in time and had failed to profit from the same. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant was described as pending a knee arthroscopy on January 19, 2015. In a January 22, 2015 progress note, the applicant was placed off of work, on total temporary disability. Norco, Keflex, Ambien, and Zofran were endorsed. The attending sought authorization for knee arthroscopy and a meniscectomy procedure and 12 sessions of postoperative physical therapy for the knee. On February 26, 2015, the applicant was described as having completed nine sessions of physical therapy following earlier knee arthroscopy with medial meniscectomy and chondroplasty on January 19, 2015. The applicant was using Percocet and Ambien for pain relief. The applicant was still using crutches, it was noted. Well-preserved knee range of motion was appreciated with 5/5 knee strength noted. Additional physical therapy was proposed, along with knee corticosteroid injection. The applicant was placed off of work, on total temporary disability. It

was stated that the applicant was still having difficulty performing standing and walking tasks. In said operative report of January 19, 2015, the applicant was described as having intraoperative findings including knee arthritis and knee synovitis. A partial medial meniscectomy, chondroplasty, and partial synovectomy were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2x6 physical therapy sessions to right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for 12 sessions of physical therapy to the right knee was medically necessary, medically appropriate, and indicated here. While the approval does represent extension of treatment beyond the 12-session course recommended in the MTUS Postsurgical Treatment Guidelines following knee meniscectomy surgery, as apparently transpired here. This recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine is contingent on a number of applicant-specific risk factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature, number, and complexity of surgical procedures undertaken, presence of surgical complications, and applicant's essentially work functions, etc. MTUS 9792.24.3.c.3 also notes that postsurgical physical medicine treatment may be continued up to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, the applicant had had nine sessions of treatment through the date of the request, February 26, 2015. The applicant did undergo a relatively complicated procedure which apparently included a meniscectomy, chondroplasty, and synovectomy. The applicant did have intraoperative findings of arthritis which did seemingly impede and delay her recovery. Additional treatment beyond MTUS parameters was, thus, indicated here. Additional functional improvement, furthermore, was possible here. Additional treatment on the order that proposed, thus, was indicated. Therefore, the request was medically necessary.