

Case Number:	CM15-0060358		
Date Assigned:	04/06/2015	Date of Injury:	10/02/2013
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
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: California, Indiana, New York
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 38-year-old male, who sustained a work/ industrial injury on 10/2/13. He has reported initial symptoms of right knee snapping twice after a slip and fall. The injured worker was diagnosed as having right knee pain, plica syndrome and lateral meniscal tear. The treatments to date included medications, ice/heat, activity modifications, crutches, splinting, surgery, knee aspiration, physical therapy and massage. X-ray's of the right knee were performed on 3/5/15. Magnetic Resonance Angiography (MRA) of the right knee was performed on 5/7/14. Currently, the injured worker complains of intractable right knee pain status postoperative right knee surgery. He had knee aspiration performed on previous visit. The injured worker also complains of weakness of the right knee, numbness and problems with sleeping. The treating physician's report (PR-2) from 12/1/14 indicated that the orthopedic exam revealed that the injured worker was ambulating with the use of crutches. There was moderate tissue swelling noted and the wounds were clean without noted infection. The physician noted that he would be set up for physical therapy to help improve his current knee symptomology. The physician requested treatment plan included Additional post-op physical therapy, 3 times weekly for 4 weeks, right knee, per 02/05/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy, 3 times weekly for 4 weeks, right knee, per 02/05/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional postoperative physical therapy three times per week times four weeks to the right knee date of service February 5, 2015 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The guidelines recommend 12 visits over 12 weeks. In this case, the injured worker's working diagnoses are Plica syndrome; meniscal tear lateral; status post-arthroscopic meniscectomy right; and staff both offer stopping debridement right. Subjectively, according to a February 5, 2015 progress note, the injured worker complains of weakness in the knee and feels like the knee is going to give out. Objectively, there is no physical examination of the knee on that dated progress note. The injured worker received the full complement according to the guidelines of physical therapy (12 sessions postoperative PT). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. The documentation does not contain objective functional improvement as it relates to prior physical therapy. Consequently, absent clinical documentation with objective functional improvement, a physical examination of the knee in the February 5, 2015 progress note and compelling clinical facts to warrant additional physical therapy, additional postoperative physical therapy three times per week times four weeks to the right knee date of service February 5, 2015 is not medically necessary.