

Case Number:	CM15-0081515		
Date Assigned:	05/04/2015	Date of Injury:	04/04/2012
Decision Date:	06/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/28/2015

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:

This 54-year-old male sustained an industrial injury on 4/4/12. He subsequently reported knee injury and pain. Diagnoses include degenerative arthritis of the left knee. Treatments to date include a brace, x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to left knee pain and weakness. Upon examination, tenderness to palpation over medial joint line, reduced and painful range of motion and negative Lachman testing was noted. A request for Physical therapy three times a week for four weeks (12 sessions) for the left knee was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks (12 sessions) for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for meniscectomy, 12 visits of postsurgical physical therapy are recommended. MTUS Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. 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. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The patient had left knee arthroscopy with tricompartment chondroplasty and partial lateral meniscectomy on January 30, 2014. The patient had a total of 14 post-operative physical therapy visits. The primary treating physician's progress report dated 4/8/15 documented a request for physical therapy. No functional improvement with past PT physical therapy visits was documented. Physical therapy three times a week for four weeks (12) was requested. MTUS Postsurgical Treatment Guidelines indicate that for meniscectomy, 12 visits of postsurgical physical therapy are recommended. The patient had a total of 14 post-operative physical therapy visits. No functional improvement with past PT physical therapy visits was documented in the 4/8/15 progress report. MTUS and ODG guidelines do not support the request for 12 additional physical therapy visits. Therefore, the request for physical therapy is not medically necessary.