

Case Number:	CM15-0081791		
Date Assigned:	05/04/2015	Date of Injury:	02/15/2014
Decision Date:	06/08/2015	UR Denial Date:	04/27/2015
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: Physical Medicine & Rehabilitation

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 33 year old female, who sustained an industrial injury on 2/15/14. She reported left shoulder and right knee injury. The injured worker was diagnosed as having cervicgia, lumbago, pain in limb, rotator cuff syndrome, aftercare following surgery and knee pain. Treatment to date has included 12 physical therapy sessions and oral medications including opioids. Currently, the injured worker complains of continued right knee pain following right knee surgery rated 4-8/10. Physical exam noted restricted range of motion of cervical spine, tenderness to palpation over left ribcage, limited left shoulder range of motion and tenderness to palpation over posterior aspect of shoulder. The treatment plan included request for physical therapy for right knee and cortisone injection for right knee. The treatment plan included continuation of Hydrocodone, Oxycodone, Dilaudid, Naproxen and Tramadol and a follow up appointment. A request for authorization was submitted for further physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy re-evaluation for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: Based on the 01/15/15 progress report provided by treating physician, the patient presents with right knee pain, with a diagnosis of medial meniscus tear. The patient is status post right knee partial medial and lateral meniscectomy, chondroplasty 01/05/15. The request is for POST OP PHYSICAL THERAPY RE-EVALUATION FOR THE RIGHT KNEE. RFA dated 01/19/15 was provided with a diagnosis of lateral and medial meniscus tear. Treatment to date included imaging studies, physical therapy, surgery, home exercise program and medications which included Percocet. The patient is off-work, per 03/24/15 progress report. Treatment reports were provided from 10/07/14 - 03/14/15. The MTUS Postsurgical Treatment Guidelines page 24, 25 supports 12 visits over 12 weeks following a knee meniscectomy. UR letter dated 04/27/15 states "The following items are needed: the total amount of physical therapy received to date and the most current medical information as to the patient's response to that therapy..." Preoperative physical therapy notes showed 17 visits were attended from 10/10/14 - 12/10/14. The patient had right knee meniscectomy on 01/05/15. RFA dated 01/19/15 indicated retro authorization 01/19/15 for physical therapy 2-3x per week for 4 weeks right knee. The patient was still within post-operative treatment period. The request for 8-12 post-operative physical therapy visits appears reasonable and in accordance with MTUS recommendations. Therefore, the retrospective request for physical therapy re-evaluation IS/WAS medically necessary.

12 sessions of post op physical therapy for the right knee, 2-3 times weekly: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: Based on the 01/15/15 progress report provided by treating physician, the patient presents with right knee pain, with a diagnosis of medial meniscus tear. The patient is status post right knee partial medial and lateral meniscectomy, chondroplasty 01/05/15. The request is for 12 SESSIONS OF POST OP PHYSICAL THERAPY FOR THE RIGHT KNEE, 2-3 TIMES WEEKLY. RFA dated 01/19/15 was provided with a diagnosis of lateral and medial meniscus tear. Treatment to date included imaging studies, physical therapy, surgery, home exercise program and medications which included Percocet. The patient is off-work, per 03/24/15 progress report. Treatment reports were provided from 10/07/14 - 03/14/15. The MTUS Postsurgical Treatment Guidelines page 24, 25 supports 12 visits over 12 weeks following a knee meniscectomy. UR letter dated 04/27/15 states "The following items are needed: the total amount of physical therapy received to date and the most current medical information as to the patient's response to that therapy..." Preoperative physical therapy notes showed 17 visits were attended from 10/10/14 - 12/10/14. The patient had right knee meniscectomy on 01/05/15. RFA dated 01/19/15 indicated retro authorization 01/19/15 for physical therapy 2-3x per week for 4 weeks right knee. The patient was still within post-

operative treatment period. The request for 8-12 post-operative physical therapy visits appears reasonable and in accordance with MTUS recommendations. Therefore, the retrospective request for post op physical therapy IS/WAS medically necessary.