

Case Number:	CM15-0081810		
Date Assigned:	05/04/2015	Date of Injury:	11/15/2006
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
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, 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 44-year-old female who sustained a work related injury November 15, 2006. Past history included left meniscal tear. On December 29, 2014, she had fallen after her left knee gave out. She landed on her bilateral hands and visited the emergency room. She was treated with a left knee immobilizer, left wrist brace and medication. A primary treating physician's progress report, dated March 31, 2015, finds the injured worker presenting with increased pain in the left knee, worse with prolonged ambulation. Physician noted a left knee MRI with findings of a torn medial meniscus. Diagnoses are left knee arthritis syndrome and left knee medial meniscal tear. Treatment plan included request for left knee arthroscopy, chondroplasty, meniscectomy and repair, debridement, shoe inserts arch support bilaterally and medication. At issue, is the request for post-operative physical therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post operative physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

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, 12 sessions postoperative physical therapy 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. In this case, the injured worker's working diagnoses are left knee arthritis syndrome; and left knee medial meniscal tear. The date of injury is November 15, 2006 to the left knee. The injured worker received physical therapy from 2007 until 2008 and in 2012. The injured worker had a left knee arthroscopy with ACL reconstruction on May 17, 2007. The treatment plan, according to a March 31, 2015 progress note, contains a request for left knee arthroscopy, chondroplasty, meniscectomy or repair and debridement (pending). The utilization review states the left knee arthroscopy is noncertified. If the left knee arthroscopy is noncertified, postoperative physical therapy is not medically necessary. Additionally, the treating provider exceeded the recommended six visit clinical trial (postoperatively) by requesting 12 sessions of postoperative physical therapy. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines with non-certification of the left knee arthroscopy, chondroplasty, meniscectomy or repair and debridement, 12 sessions postoperative physical therapy is not medically necessary.