

Case Number:	CM15-0085613		
Date Assigned:	05/07/2015	Date of Injury:	06/18/2013
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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 41 year old male who sustained an industrial injury on 06/18/13. Initial complaints and diagnoses are not available. Treatments to date include knee injections, left knee surgery, and postoperative physical therapy. Diagnostic studies are not addressed. Current complaints include knee pain. Current diagnoses include knee/leg sprain, postsurgical status, and knee pain. In a progress note dated 04/07/15, the treating provider reports the plan of care as 6 additional physical therapy sessions. The requested treatment is for a total of 30 postoperative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 post-operative physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, pages 14-15; Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72); Postsurgical treatment: 12 visits over 12 weeks *Postsurgical physical medicine treatment period.

Decision rationale: The patient is s/p left knee arthroscopic surgery with partial meniscectomy chondroplasty on 1/15/15 and has received at least 24 post-op PT visits. Request was for an additional 3x2 PT visits for a total of 30 post-op sessions. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic surgery over a postsurgical physical medicine treatment period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now almost 5 months without documented functional improvement from the extensive PT visits rendered. There was no post-operative complications or comorbidities noted to allow for additional physical therapy beyond guidelines recommendations. The patient exhibits overall good range of motion with adequate strength. The patient should have been instructed and is should be performing an independent HEP. Submitted reports have not demonstrated clear specific indication and necessity to support for a continued conjunctive formal PT program. There is reported functional improvement from treatment of 24 PT visits already rendered, beyond guidelines recommendations. The 3x2 (30 post-operative physical therapy visits) is not medically necessary and appropriate.