

Case Number:	CM15-0089254		
Date Assigned:	05/13/2015	Date of Injury:	09/07/2011
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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 was a 62 year old male, who sustained an industrial injury, September 7, 2011. The injured worker previously received the following treatments right knee surgery on November 19, 2014 and 12 physical therapy sessions for the right knee. The injured worker was diagnosed with tear lateral meniscus knee, posterior horn tear right medial meniscus, stage III disease right medial femoral condyle, partial medial meniscectomy and chondroplasty of the medial femoral condyle. According to progress note of February 9, 2015, the injured workers chief complaint was right knee pain. The right knee surgery was November 19, 2014. The injured worker had completed 12 sessions of physical therapy for the right knee. The physical exam of the right knee noted swelling, mild crepitus, guarded range of motion. The range of motion was 0-118 degrees of the right knee. The treatment plan included additional physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents on 02/09/15 with unrated right knee pain and swelling. The patient's date of injury is 09/07/11. Patient is status post right knee arthroscopic meniscectomy with chondroplasty on 11/19/14. The request is for physical therapy 2xwk x 4wks right knee. The RFA is dated 02/12/15. Physical examination of the right knee dated 02/09/15 reveals swelling, mild crepitus, localized tenderness to palpation of the medial compartment, and a range of motion of 118 degrees. The patient is currently prescribed Diclofenac and Prilosec. Diagnostic imaging included MRI of the right knee dated 05/07/12, significant findings include: "mild osteoarthritis present in the medial compartment most involved and there was small joint effusion... anterior horn showed degenerative changes... the posterior horn showed degenerative changes." Patient's current work status is not provided. Progress notes indicate that this patient had knee surgery on 11/19/14 and cannot be considered in the post-operative time frame. Chronic pain guidelines apply. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 8 additional physical therapy sessions for this patient's knee complaint, the provider has exceeded guideline recommendations. Documentation provided indicates that this patient completed 12 sessions post-surgical physical therapy, though no discussion of pain reduction or achieved functional benefits are included. The date of the procedure was 11/19/14, the request for authorization is dated 02/12/15 (12 weeks), therefore this patient can no longer be considered in the post-operative time frame. No rationale is provided as to why this patient is unable to transition to a home-based physical therapy program; 8 additional sessions of physical therapy in addition to the 12 completed post-operatively exceeds guideline recommendations. Therefore, the request is not medically necessary.