

Case Number:	CM14-0124865		
Date Assigned:	09/16/2014	Date of Injury:	09/24/2013
Decision Date:	12/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 54-year-old woman with a date of injury of September 24, 2013. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated May 8, 2014, the IW presents status post her synovectomy and partial meniscectomy of the right knee on January 15, 2014. The provider notes that she continues to make progress. Pain is between a 3 and 5. She is 85% of normal. Physical examination revealed full range of motion. Scars are well healed. Range of motion is 0 to 130 degrees. Lachman's, anterior and posterior drawers are negative. She has non-antalgic gait. X-rays are deferred. Medications were not documented. The provider recommends continued exercises. The provider states that he will follow her in a conservative fashion. Documentation in the medical records indicated that the IW has been approved for 24 sessions of physical therapy from January 31, 2014 to April 28, 2014. There are additional notes that the IW attended PT in June and July as well. The request is for additional physical therapy times 18 sessions 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 2-3 times 6 QTY: 18 for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy 2 to 3 times a week times six weeks (18 visits) to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient was moving in a positive direction, no direction to the negative direction (prior to continuing with physical therapy). The guidelines allow 12 visits over 12 weeks postsurgical (meniscectomy) under the ODG. In this case, the injured worker receives 24 physical therapy sessions. The guidelines recommend 12. There is no clinical documentation in the medical record to support an additional 18 physical therapy sessions. Additionally, 24 prior physical therapy sessions should have instructed the injured worker on a home exercise program and how to conduct these exercises at home. Consequently, physical therapy to three times a week for six weeks (18 visits) to the right knee is not medically necessary.