

Case Number:	CM14-0145023		
Date Assigned:	09/18/2014	Date of Injury:	10/13/2013
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation 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:

This 50 year-old patient sustained an injury on 10/13/13 while employed by [REDACTED]. Request(s) under consideration include post-op physical therapy two times a week for six weeks for the left knee. Diagnoses include chondromalacia, patella, and plica syndrome s/p left knee arthroscopic meniscectomy on 5/6/14. Report of 7/2/14 from the provider noted the patient continued to heal; have some discomfort in her knee; not able to return to work due to discomfort. The patient is continuing physical therapy and ordered more physical therapy. Exam of left knee showed tenderness in medial joint line; grossly distal neurovascularly intact; Right knee showed incisions well-healed; diffuse tenderness in anterior aspect of knee; full range of motion with negative Lachman maneuver and negative ligamentous instability. Diagnoses include s/p left knee arthroscopy and partial medial and lateral meniscectomy and chondroplasty. Treatment included continuing physical therapy and remaining off for the next six weeks. Work status report from clinic dated 7/30/14 noted checked box identifying patient's status as improved, but slower than expected; noted still not therapy with treatment for physical therapy 2x6 with patient remaining off work until 9/11/14. The request(s) for post-op physical therapy two times a week for six weeks for the left knee was non-certified on 8/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy two times a week for six weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 4 months. Review indicated the patient was certified for 12 physical therapy sessions with provider stating patient was participating on 7/2/14 with request for additional sessions; however, 7/30/14 report noted patient has not started physical therapy. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 5 months without documented functional limitations, post-operative complications, or comorbidities to allow for additional physical therapy. There is no reported functional improvement from treatment of authorized physical therapy visits already rendered with patient remaining off work. The request for post-operative physical therapy two times a week for six weeks for the left knee is not medically necessary and appropriate.