

Case Number:	CM14-0146606		
Date Assigned:	09/12/2014	Date of Injury:	02/10/2014
Decision Date:	11/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Management, 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 is a 33-year-old female who sustained industrial-related injuries to her right knee on February 10, 2014. Following the date of injury, she was initially treated conservatively with medication, icing, bracing, and crutches were dispensed. She was later given a cortisone injection into the right knee and underwent physical therapy but without benefit and ultimately surgical intervention was recommended. On June 18, 2014, the injured worker underwent right knee surgery for torn medial meniscus of the right knee. Operative findings revealed organized synovitis and mild chondromalacia medial femoral condyle. The review of prior Utilization Review dated June 4, 2014 noted the injured worker has been authorized 12 sessions of post-operative physical therapy of the right knee. Initial post-operative physical therapy evaluation dated July 24, 2014 indicated right knee pain rated as 6/10, impaired balance, and decreased right knee range of motion and strength. Physical therapy one to two times a week for 8 weeks was initiated. The injured worker underwent post-operative physical therapy to the right knee on July 24, 2014; July 30, 2014; August 1, 2014; August 6, 2014; and August 8, 2014. As per physical therapy noted dated August 8, 2014, the injured worker demonstrated improve right knee ranges of motion and tolerated manual therapy and therapeutic exercises with minimal discomfort. It was noted that the injured worker will be progressed to manual therapy and therapeutic exercises in her next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week x 6 Weeks for the Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical medicine treatment is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring, flexibility, strength, endurance, function, range of motion and can alleviate discomfort. As per the Post-Surgical Treatment Guidelines, for injuries under tear of the medial/lateral cartilage/meniscus of the right knee, 12 visits of post-operative physical therapy are allowed over a period of 12 weeks. In this injured worker's case, she has already been authorized 12 sessions of post-operative therapy following her right knee surgery. It is noted in the most recent physical therapy note available, dated August 8, 2014, that the injured worker continued to have restricted ranges of motion and strength; as such, she will be progressed to manual therapy and therapeutic exercises in her next visit. However, it is unclear in the documentation provided whether she did complete the authorized initial 12 sessions of post-op therapy and the injured worker's response to this initial course is not clear at this time. Further certification of additional therapy would be based on functional improvement of the initial course of physical therapy provided. At this time, there are no extenuating circumstances such as flare-up, new injury or new diagnosis to consider more than what is recommended. Therefore, the medical necessity of additional physical therapy 2 times a week x 6 weeks for the right knee is determined to be not medically necessary at this time.