

Case Number:	CM14-0180193		
Date Assigned:	11/04/2014	Date of Injury:	11/08/2013
Decision Date:	12/16/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family 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:

This is a 45 year old male patient who sustained a work related injury on 11/8/13. Patient sustained the injury when he knelt in squat position and heard a pop in the right knee cap and in the calf. The current diagnoses include right knee medial meniscus tear, causing a locked knee, anxiety, insomnia, obesity, resolved hematoma of the right calf, resolved sprain and strain of the right thigh, status post right subtotal medial meniscectomy, chondroplasty of the patella, status post synovectomy and exploration of the right knee. Per the doctor's note dated 9/30/14, physical examination (of the knee) revealed that the patient came on 1 crutch but did not wear the brace, range of motion of 15 degrees to about 50 degrees with pain and the range of motion improved from 0-80 degrees. The current medication lists include Ketoprofen, Gabapentin and Tramadol, Prilosec, Norco and Xanax. The patient has had MRI of the right knee on 8/9/14 that revealed joint effusion, 5 mm cyst in the medial aspect of the popliteal fossa and small osteophytes. The patient underwent arthroscopic subtotal medial meniscectomy of the right knee, chondroplasty of the patella, diagnostic arthroscopy, synovectomy, right knee, placement of the pain pump, and application of Bledsoe brace on 01/17/14. The physician aspirated 60 cc of serosanguineous fluid from right knee. The patient had a urine toxicology test on 09/30/14 and on 5/13/14. The patient has received 18 physical therapy (PT) visits for this injury. The patient was using 1 crutch and continuous passive motion (CPM) machine at 75 degrees and brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for 6 weeks for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The guidelines cited state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received 18 PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for physical therapy once a week for 6 weeks right knee is not fully established for this patient.

Pool therapy 2 times per week times 5 weeks for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Per MTUS guidelines, aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Patient has received 18 PT visits for this injury till date. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request is not fully established in this patient.

