

Case Number:	CM14-0210276		
Date Assigned:	12/23/2014	Date of Injury:	06/25/2014
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Orthopedic Surgery, Sports Medicine

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 54 year old female sustained an injury on June 25, 2014. The injured worker had fallen while carrying cartons at work. She reported right knee pain which was sharp and tearing. Diagnoses and included chronic right knee pain and history of a right meniscus injury. Initial treatment included knee x-rays, immobilizer, pain and non-steroidal anti-inflammatory medications. On June 25, 2015, the right knee x-rays revealed the knee was normal and anatomically aligned. There was no fracture or arthritis, and no effusion. On July 2, 2014, an MRI of the right knee revealed a medial meniscus tear, which was worsened from a prior MRI. There was a low to moderate grade strain of the medial collateral ligament and posterior oblique ligament. On September 16, 2014, the injured worker underwent a right arthroscopic partial medical meniscectomy. The medical records refer to a course of postsurgical physical therapy. The records show 9 sessions of physical therapy, including ultrasound, H-wave, therapeutic exercise, and gait training from October 16, 2014 to November 14, 2014. On November 12, 2014, the physical therapist noted minimally decreased right knee range of motion, spongy end feel with flexion due to some residual effusion, mildly decreased strength, and intermittent patellofemoral joint cracking/crepitus with pain. The injured worker was able to ride a stationary bike, and perform resistive exercises. On November 13, 2014, the treating physician noted improved range of motion, strength, and pain with physical therapy. The injured worker was no longer taking pain medication, and was using a non-steroidal anti-inflammatory medication with good pain control. The physical exam revealed the right knee incision was clean and dry, mildly decreased range of motion, no effusion, and a Baker's cyst. Diagnosis was status post right

arthroscopic partial medial meniscectomy. The physician recommended continuing physical therapy and the non-steroidal anti-inflammatory medication. Current work status is off work. On November 26, 2014, Utilization Review non-certified a prescription for an additional 12-14 visits (2 times per week for 6-8 weeks) of physical therapy requested on November 21, 2014. The physical therapy was non-certified based on 12 physical therapy sessions had been previously approved which the limit is recommended by the applicable guidelines. In addition, there was no documentation of why residual deficits could not be resolved with a home exercise program. The California Medical Treatment Utilization Schedule (MTUS) guidelines for postsurgical physical therapy and the Official Disability Guidelines (ODG), Knee and Leg Chapter were cited.

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 week times 6-8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG--Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for additional physical therapy 2 times week times 6-8 weeks is not medically necessary. The injured worker is noted to be status post right arthroscopic partial medial meniscectomy, performed on 09/16/2014. The injured worker is noted to have completed 9 sessions of postoperative physical therapy as of 11/14/2014. The California MTUS Guidelines recommend up to 12 visits over 12 weeks for postsurgical treatment of a meniscectomy. The requested 16 visits clearly exceed guideline recommendation. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition, including range of motion and motor strength, which would support the request for additional physical therapy. There was a lack of adequate information regarding whether or not the injured worker had benefited from the past physical therapy visits, or if there were any functional improvements made. Given the above, the request is not medically necessary.