

Case Number:	CM14-0211526		
Date Assigned:	12/24/2014	Date of Injury:	12/06/2012
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 57-year-old male with a 12/6/12 date of injury, and status post left knee arthroscopy with chondroplasty of the patellar, femur, and the tibia or the left knee, partial medial and lateral meniscectomy; lysis of adhesions; and release of contracture, synovectomy, and removal of multiple loose bodies of the left knee on 9/25/14. At the time (11/7/14) of request for authorization for Additional Physical Therapy 3 times per week for 4 weeks for the Left Knee, there is documentation of subjective (mild post operative knee pain) and objective (tenderness left-mild about the lateral aspect and about medial aspect, swelling, 1+ effusion of left knee, left knee flexion 90 degrees and extension 0 degrees, and 4/5 muscle strength of flexors and extensors) findings, current diagnoses (left knee meniscus tear and chondromalacia patellae), and treatment to date (surgery and post operative physical therapy). Medical reports identify patient has completed 10 of 12 previously authorized post operative physical therapy sessions. There is no documentation of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times per week for 4 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 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: California MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee meniscus tear and chondromalacia patellae. In addition, there is documentation of status post left knee arthroscopy with chondroplasty of the patellar, femur, and the tibia or the left knee, partial medial and lateral meniscectomy; lysis of adhesions; and release of contracture, synovectomy, and removal of multiple loose bodies of the left knee on 9/25/14 and 10 of 12 previously authorized sessions of post-operative physical therapy sessions completed to date, which is the limit of physical therapy guidelines. However, there is no documentation of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy 3 times per week for 4 weeks for the left knee is not medically necessary.