MAXIMUS Federal Services

Case Number:	CM14-0215966		
Date Assigned:	01/06/2015	Date of Injury:	03/30/2012
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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: Montana
Certification(s)/Specialty: Preventive Medicine, Occupational 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 48-year old female sustained a work related injury on 03/30/2012. The mechanism of injury is described as cumulative trauma. On 07/30/2014 the injured worker underwent arthroscopic left partial lateral meniscectomy, complete synovectomy. Postoperative diagnoses included torn left lateral meniscus and chronic synovitis left knee, medial compartment, lateral compartment and anterior intercondylar notch region. According to a re-evaluation dated 08/04/2014, the injured worker had excellent wound healing and no signs of infection. Plan of care included formal supervised physiotherapy and a follow up in four weeks A prescription for physical therapy was written for 3 x 4 weeks, then 2 x 4 weeks and 1 x 4 weeks that included endurance exercise, evaluation and treatment, hamstring stretch, modalities, range of motion, send progress report, strengthening and stretching. On 10/28/2014 the injured worker returned to physical therapy after a six week absence with a new prescription for physical therapy. The injured worker had been experiencing more pain and swelling recently. Treatments included Norco with cold modalities. According to the provider, the injured worker had received 14 sessions of physical therapy to date and the last treatment received was on 09/08/2014. She exhibited no significant improvements since the last evaluated date on 09/10/2014. According to a progress report dated 11/13/2014, the injured worker had completed a 2nd series of 8 postoperative sessions for the left knee. On 12/01/2014, Utilization Review (UR) non-certified the request for physical therapy x 9 visits for the left knee. The request was received on 11/20/2014. According to the Utilization Review physician, records submitted for review indicate that the injured worker has completed 20 postoperative physical therapy sessions. There

was no extenuating circumstances noted to exceed current treatment guidelines or that the injured worker cannot perform a home exercise program. Guidelines referenced for this review included CA MTUS Postsurgical Treatment Guidelines and Chronic Pain Guidelines page 98. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: PT x 9 visits for the left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Knee and Leg, Phsical therapy

Decision rationale: The MTUS notes that physical medicine, including physical therapy (PT), is recommended to provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG guidelines recommended physical therapy with limited positive evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). ODG Physical Medicine Guidelines for pain in joint or effusion of joint (ICD9 719.0; 719.4) recommend 9 visits over 8 weeks. The MTUS, in the Post-Surgical Treatment Guidelines, notes that for tear of medial/lateral cartilage/meniscus of knee, postsurgical treatment (meniscectomy) recommendations are for 12 visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case the treatment notes indicate that she has had multiple courses of physical therapy with the PT note of 10/28/14 indicating that 14 PT visits had been completed and the UR noting that there had been 20 visits. The treatment note of 10/28/14 indicated that she was doing home exercises. An ongoing home exercise program would be appropriate as indicated in the MTUS. At the time of this request, she does remain in the postsurgical physical medicine treatment period of 6 months. It appears that the recommended number of post-surgical PT sessions has been exceeded. The request for physical therapy treatment for the left knee, 9 sessions, is not medically necessary.