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| Case Number: | CM14-0032011 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 04/26/2013 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 Internal 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:

The injured worker (IW) is a 45-year-old woman with a date of injury of April 26, 2013. The mechanism of injury was a slip on a wet floor. The IW had a small cut and bruising, as well as gradual pain in the right knee. The current diagnoses are right knee medial meniscus tear; and right knee arthroscopic meniscectomy. Pursuant to the progress report dated February 17, 2014 on page 24 of the medical record, the provider reference a patient other than the IW. There were 2 different names present on the progress report; one was a male, and the other was a female. The current request is for a female. The IW presented for an orthopedic follow-up on February 17, 2014 status post right knee arthroscopic meniscectomy. She has completed 12 sessions of physical therapy (PT) with significant improvement. She reports improved strength and mobility. Objective physical findings reveal well-healed incision sites with no complications. The IW has full range of motion. There is still decreased strength secondary to pain. Treatment plan recommends include continuation of home exercise program that includes range of motion with isometric quadriceps exercises, and continue Norco. The provider is requesting 12 additional sessions of physical therapy. The current request is for additional 12 post-operative physical therapy sessions, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 post-operative physical therapy sessions, right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional 12 post-operative physical therapy sessions to the right knee are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with the physical therapy). The guidelines enumerated specific frequencies and duration with respect to specific disease states. The guidelines authorize 12 visits over 12 weeks post-surgery meniscal repair. In this case, the medical documentation has two different injured worker's names appearing on the February 17, 2014 progress note (page 24). The documentation is therefore somewhat suspicious because it is unclear to which worker the documentation belongs. The injured worker completed 12 of 12 sessions of physical therapy with "significant improvement". The injured worker demonstrates near full range of motion. There are still decreased range secondary to pain. The working diagnoses are right knee medial meniscus tear; and status post right knee arthroscopic meniscus to knee. Overall, the injured worker made significant improvement with 12 sessions of physical therapy. She should continue the home exercise program with the exercises developed during the physical therapy sessions. Additionally, the injured worker should be well-versed in the home exercises. The ODG recommends 12 sessions of physical therapy post- meniscectomy. The injured worker received 12 sessions of physical therapy. However, the clinical documentation does not contain objective evidence of functional improvement that warranting an additional 12 physical therapy sessions in conjunction with a home exercise program. Consequently, absent the appropriate clinical rationale and documentation, an additional 12 post-operative physical therapy sessions to the right knee are not medically necessary.