

Case Number:	CM15-0003452		
Date Assigned:	01/14/2015	Date of Injury:	12/17/2013
Decision Date:	07/21/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 42-year-old male, with a reported date of injury of 12/17/2013. The diagnoses include right knee medial meniscal tear. Treatments to date have included right knee arthroscopy on 09/22/2014; physical therapy; and an MRI of the right knee which showed degenerative changes of the posterior horn of the medial meniscus. The medical report dated 07/08/2014 indicates that the injured worker had right knee pain, which was worse on prolonged standing and going downstairs. He reported knee joint pain and knee joint stiffness. The injured worker stated that he had persistent ongoing pain complaints to the medial aspect of his right knee. He denied any locking, popping, or instability. The physical examination showed no swelling of the knee, tenderness to palpation of the medial and inferior to the joint line of the knee, abnormal range of motion of the right knee, positive McMurray test, and a negative patellofemoral compression test to his right medial cruciate ligament. The medical records include the physical therapy reports for seventeen (17) sessions from 10/22/2014 through 12/12/2014. The physical therapy report dated 12/12/2014 indicates that the injured worker had extreme difficulty or was unable to perform his usual hobbies, recreational, or sporting activities; squatting; or running on even ground. He had quite a bit of difficulty with going up or down a flight of stairs, and a little bit of difficulty with walking two blocks or getting into or out of a car. There was minimal tightness in both lower extremities. The right knee range of motion was within functional limits with both flexion and extension. The treating physician requested twelve (12) additional post-operative physical therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy for the right knee, QTY: 12: 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 postoperative physical therapy right knee #12 sessions is 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 physical therapy). When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. In this case, the injured workers working diagnoses are medial collateral ligament injury; questionable medial meniscal tear; and probable grade 3 - 4 chondromalacia. The date of injury is December 17, 2013. Request for authorization is dated December 11, 2014. Medical record index states of December 11, 2014 progress note from the requesting provider is present in the medical record. There is no December 11, 2014 progress note from the treating provider. The documentation in the medical record indicates the injured worker received 18 physical therapy sessions. On January 9, 2015, injured worker was discharged from physical therapy. The injured worker is engaged in a home exercise program. There is no documentation demonstrating objective functional improvement from the prior 18 physical therapy sessions. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation on or about the date of request for authorization, documentation demonstrating objective functional improvement with prior physical therapy and compelling clinical facts indicating additional physical therapy is warranted, additional postoperative physical therapy right knee #12 sessions is not medically necessary.