

Case Number:	CM15-0010059		
Date Assigned:	01/27/2015	Date of Injury:	04/12/2013
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 04/12/2013. He has reported subsequent knee and lower extremity pain and was diagnosed with fracture of lower leg, peroneal nerve injury, medial meniscus tear and anterior cruciate ligament tear. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 12/04/2014, the injured worker was noted to have continued 5-8/10 pain over the medial aspect of the right knee. A knee brace was being used with minimal relief. The documentation of the objective physical examination findings was illegible. The physician requested authorization for 12 visits of physical therapy to take place twice a week over 6 weeks. On 12/17/2014, Utilization Review non-certified a request for physical therapy 2 x 6 weeks for the right knee, noting that the injured worker had already completed 12 sessions of postoperative physical therapy and that there were no extenuating circumstances documented to indicate a reason

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee two times a week for six weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Chapter, Physical medicine treatment

Decision rationale: Based on the 12/05/14 progress report provided by treating physician, the patient uses a hinged knee brace and presents with right knee pain rated 5-8/10. The request is for PHYSICAL THERAPY FOR THE RIGHT KNEE TWO TIMES A WEEK FOR SIX WEEKS. Per operative report dated 08/28/14, the patient is status post right knee arthroscopic partial meniscectomy, chondroplasty, for the diagnosis of right knee posterior horn and medial root meniscus tear, overlying grade II to III chondrosis, medial femoral condyle. Physical therapy notes dated 10/01/14 showed 4 visits. The patient is temporarily totally disabled. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter under Physical medicine treatment states: "ODG Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks post-surgical: 12 visits over 12 weeks" based on the Operative report dated 08/28/14, the patient is still within the post-operative time period of 12 weeks from UR date of 12/17/14. UR letter dated 12/17/14 states "...relevant treatment includes 12 sessions of postoperative PT..." Treater has not provided reason for the request, nor documented functional improvement with treatment. The request for additional 12 sessions would exceed MTUS allowance. Therefore, the request IS NOT medically necessary.