

Case Number:	CM15-0016439		
Date Assigned:	02/04/2015	Date of Injury:	08/19/2011
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Illinois

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:

The injured worker is a 49-year-old male, who sustained an industrial injury on 8/19/2011. On 1/28/15, the injured worker submitted an application for IMR for review of 12 physical therapy sessions to the right knee. The treating provider has reported the injured worker complained of right knee pain and stiffness with occasional swelling and wears a brace with a limp "while trying to walk". The diagnoses have included medial meniscus tear, sprain cruciate ligament right knee, other post surgical status. Treatment to date has included right knee x-ray (5/8/14), medications, brace and physical therapy, right knee arthroscopic exam under anesthesia, partial medial menisectomy, synovectomy, chondroplasty of the patella and debridement of cyst (2/3/12). On 1/16/15 Utilization Review MODIFIED 12 physical therapy sessions to the right knee TO 9 PHYSICAL THERAPY SESSIONS. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Physical Medicine

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 & Leg (Acute & Chronic); Preface Physical medicine treatment

Decision rationale: The injured worker sustained a work related injury on 8/19/2011. The medical records provided indicate the diagnosis of medial meniscus tear, sprain cruciate ligament right knee, other post surgical status. Treatment has included medications, brace and physical therapy, right knee arthroscopic exam under anesthesia, partial medial menisectomy, synovectomy, chondroplasty of the patella and debridement of cyst (2/3/12). The medical records provided for review do not indicate a medical necessity for 12 physical therapy sessions to the right knee. The MTUS recommends a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine, but does not specify the maximum number for knee problems. The Official Disability Guidelines recommends as follows, " Articular cartilage disorder - chondral defects :Medical treatment: 9 visits over 8 weeks. Pain in joint; Effusion of joint :9 visits over 8 weeks. Arthritis (Arthropathy,Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week". Therefore, the requests exceeds the recommended number. Also, the Official Disability Guidelines recommends an initial six visit then review, in all physical therapy treatments.