

Case Number:	CM15-0016505		
Date Assigned:	02/04/2015	Date of Injury:	03/17/2014
Decision Date:	05/13/2015	UR Denial Date:	12/30/2014
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: 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 48 year old female who sustained an industrial injury on 03/17/2014. The current diagnosis includes tear of medial cartilage or meniscus of knee. Treatments to date include medication management, left knee arthroscopy on 09/30/2014, physical therapy, and home exercise program. Report dated 11/19/2014 noted that the injured worker presented with face, chest, shoulder, elbow, hand, neck, lower back, hip, and knee complaints. Physical examination was positive for abnormal findings. An initial physical therapy progress note was included, but the amount of previously prescribed therapy was not documented in this report nor was there an evaluation following the completed physical therapy. The utilization review performed on 12/30/2014 non-certified a prescription for retro post-op physical therapy 3 x week x 4 weeks left knee, based on the documentation submitted does not include when the arthroscopic surgery was performed, how many physical therapy visits have been completed and if there has been any improvement with the previous therapy. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Post-Op Physical Therapy 3xWk x 4Wks Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Based on the 09/10/14 progress report provided by treating physician, the patient presents with bilateral knee pain rated 5/10. The request is for retro post-op physical therapy 3x wk x4 wks left knee. The patient is status post left knee arthroscopy 09/30/14, per operative report. No RFA provided. Patient's diagnosis on 09/10/14 included left knee medial and lateral meniscal tear, per MRI findings. Per 09/04/14 treater report, medications included Advil and Tramadol. Based on provided physical therapy notes, patient attended 3 visits from 10/14/14 to 10/16/14. The patient is temporarily totally disabled, per 09/10/14 treater report. MTUS post-surgical guidelines, pages 24-25 states: "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Knee Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months." Per progress report dated 10/08/14, treater states, "I am continuing to request authorization for a physical therapy consultation. 3 times per week for 4 weeks to address post-op left knee, to help reduce pain and any post surgical swelling as well as to increase strength, ROM and functional capabilities." In this case, the request for 12 postoperative physical therapy visits was reasonable and in accordance with guideline indications. Therefore, this retrospective request WAS medically necessary.