

Case Number:	CM15-0114558		
Date Assigned:	06/22/2015	Date of Injury:	07/29/2014
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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 54 year old male who sustained an industrial injury on 7/29/14. The mechanism of injury was unclear. He currently is six weeks post-operative and has mild right knee pain. On physical exam of the right knee there was a small effusion. There was no documentation as to when post-operative physical therapy was started or documentation of progress regarding functional improvement once therapy was begun. Medication is Tylenol #3. Diagnoses include right medial and lateral meniscus tears, status post arthroscopic partial, medial and lateral meniscectomy (4/3/15); right patellofemoral pain syndrome. Treatments to date include medications; ice. In the progress note dated 5/18/15 the treating provider's plan of care includes to continue with rehabilitation program with therapy and home exercises with emphasis on improving range of motion and strength. Utilization review evaluated a request for physical therapy twice per week for six weeks to the right knee on 5/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times per week for six (6) weeks for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p knee arthroscopy with meniscectomy and chondroplasty on 4/3/15 and has attended at least 10 Postop PT sessions. Current request for an additional 12 was modified to approve for 8 sessions. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is without documented post-operative complications, or comorbidities to allow for additional physical therapy beyond guidelines criteria already authorized. The patient should be transitioned to an independent home exercise program after the 18 PT visits rendered. The Physical Therapy two (2) times per week for six (6) weeks for the Right Knee is not medically necessary and appropriate.