

Case Number:	CM15-0118670		
Date Assigned:	07/02/2015	Date of Injury:	07/01/2014
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/19/2015

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 55 year old male who sustained an industrial injury on 07/01/14. Initial complaints and diagnoses are not addressed. Treatments to date include right knee surgery, medications, and physical therapy. Diagnostic studies are not addressed. Current complaints include right knee pain. Current diagnoses include contusion, moderate tricompartmental osteoarthritis, meniscal calcification, loose bodies, anterior cruciate ligament tear, chronic medial collateral ligament sprain, and effusion. In a progress note dated 05/21/15 the treating provider reports the plan of care as continued physical therapy for the right knee. The requested treatment includes continued physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 weeks for right knee: Overturned

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, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The 55 year old patient is status post right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty medial femoral condyle, and medial tibial plateau on 02/13/15, as per progress report dated 05/21/15. The request is for Physical Therapy 2 x 3 weeks for Right Knee. There is no RFA for this case, and the patient's date of injury is 07/01/14. Currently, the patient reports a pain of 6/10 in the lateral aspect of the right knee and is taking Ibuprofen for pain relief, as per progress report dated 05/21/15. Cortisol injection, dated 04/09/15, provided "only a little bit in the way of pain relief". Diagnoses included contusion, moderate tricompartmental osteoarthritis, meniscal calcification, loose bodies, ACL tear, chronic MCL sprain, and effusion. The patient is temporarily totally disabled, as per the same progress report. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. In this case, the patient is status post right knee arthroscopy on 02/13/15, as per progress report dated 05/21/15. There is no RFA for this case. However, it is evident that the patient is still within the post-operative time frame as the request is noted in the 05/21/15 progress report. In the report, the treater states that "further physical therapy twice a week for three weeks for the right knee is indicated and requested". The progress report also states that the patient completed six sessions of PT. As per progress report dated 06/18/15 after the UR denial date, the patient completed 12 sessions of PT. The UR denial letter, dated 06/01/15, also states that the patient has been approved for 12 sessions of PT. The reports do not document the impact of past therapy on pain and function. MTUS, nonetheless, allows for 24 sessions of PT in patients who are within in the post-operative time frame. Since, the treater's request for 6 additional sessions falls within this range; the request appears appropriate and is medically necessary.