

Case Number:	CM15-0119028		
Date Assigned:	06/29/2015	Date of Injury:	06/20/2014
Decision Date:	07/28/2015	UR Denial Date:	05/11/2015
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, Pain Management

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 37 year old female, who sustained an industrial injury on 6/20/14. The injured worker has complaints of right knee still develops swelling with prolonged standing and walking and does have pain on the medial aspect of the right knee. The documentation noted on examination that there is +1 swelling to the right knee without sign of infection. The diagnoses have included osteoarthritis, knee; chondromalacia patella; joint pain, knee and medial meniscus tear. Treatment to date has included arthroscopic surgery of right knee on 2/25/15 with resection of a torn medial meniscus and extensive synovectomy resection of medial synovial plica and physical therapy. The request was for additional post-operative physical therapy two times six for the right knee. The progress report dated April 2, 2015 states that the patient is overall improving with physical therapy but still develop swelling with prolonged standing and walking and does have pain. No strength or range of motion deficits are identified. A Utilization Review determination dated May 11, 2015 recommend modified certification for 3 additional therapy sessions. Notes indicate that the patient has received 12 postoperative therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy two times six for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for additional physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.