

Case Number:	CM15-0122041		
Date Assigned:	07/10/2015	Date of Injury:	02/13/2006
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/24/2015

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 34 year old female with an industrial injury dated 02/13/2006. Her diagnoses included medial meniscal tear left knee, status post ACL reconstruction - residual ACL insufficiency and status post arthroscopy, medial meniscal repair left knee. Prior treatment included surgery and medications. She presents on 04/27/2015 post surgery. The provider documents overall she is doing well and her pain was controlled with non-steroidal anti-inflammatory drugs. She had not started physical therapy. Physical exam of left knee noted incision to be clean, dry and intact. There was mild effusion and quadriceps atrophy. Distally neurovascular status was normal. She was ambulating with crutches. Medications included Norco, Ibuprofen, Docusate Sodium, and Ondansetron. The treatment request is for physical therapy 1-2 times a week for 6-8 weeks to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for 6-8 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p left knee arthroscopy and meniscectomy now with request for post-op PT that has been modified for 12 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. Functional restoration approach is for an initial trial sessions, namely half or 6 visits to assess for functional benefit; however, submitted reports have not adequately demonstrated the indication to support for a total of 18 physical therapy visits without initial trial sessions that was certified for 12. Further consideration of therapy is reasonable with documented functional benefit. At this time, the patient's arthroscopy is without documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy. The physical therapy 1-2 times a week for 6-8 weeks left knee is not medically necessary and appropriate.