

Case Number:	CM15-0123881		
Date Assigned:	07/08/2015	Date of Injury:	04/02/2014
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/26/2015

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 59 year old female who sustained an industrial injury on 04/02/2014 while kneeling and stocking shelves. The injured worker was diagnosed with internal derangement of the left knee, medial meniscus tear and osteoarthritis. The injured worker is status post left knee arthroscopy with synovectomy and chondroplasty on February 3, 2015. Treatment to date has included diagnostic testing, surgery, physical therapy (17 visits post-operatively), home exercise program and medications. According to the primary treating physician's progress report on May 22, 2015, the injured worker continues to experience left knee pain without radiation and improving with physical therapy. Examination demonstrated localized tenderness to palpation of the lateral, medial and patellofemoral joints. There was boggy swelling with 2+ effusion and crepitus noted. Range of motion was documented at 135 degrees flexion with end point grinding and spring block and 0 degrees extension. Left atrophy at the vastus medialis oblique and quadriceps region was noted. Motor strength of the vastus medialis and lateralis was 4-/5. Pulses, deep tendon reflexes and sensation were intact. Instability tests were negative. McMurray's and patellar grind tests were positive. Current medications were noted as non-steroidal anti-inflammatory drugs (NSAIDs). Treatment plan consists of authorized series of three injections of Euflexxa to the left knee, activity modification, and home exercise strengthening program and the current request for additional physical therapy times 6 sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee physical therapy 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient underwent left knee arthroscopy on 2/3/15 and has completed at least 17 postoperative PT visits. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a post-surgical 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 almost 6 months without documented functional limitations, post-operative complications, or comorbidities to allow for additional physical therapy. There is reported functional improvement from treatment of 17 post-op PT visits already rendered to transition to an independent home exercise program. The Left knee physical therapy 6 visits is not medically necessary and appropriate.