

Case Number:	CM15-0127687		
Date Assigned:	07/14/2015	Date of Injury:	08/10/2014
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: Emergency Medicine

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 44 year old female, who sustained an industrial injury on 8/10/14. Initial complaint was of her right knee. The injured worker was diagnosed as having patellofemoral pain syndrome right knee. Treatment to date has included status post right knee arthroscopy partial medial meniscectomy and chondroplasty (4/15/15); physical therapy; medications. Diagnostics studies included MRI right knee (9/2/12). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker complains of some increased pain of the right knee compared to past visit with swelling with activity. She is walking with a cane, doing physical therapy and home exercise, and using ice. Her pain is reported as less than pre-operatively; still with aching pain in the left knee. She is a status post right knee arthroscopy partial medial meniscectomy and chondroplasty of 4/15/15. Her medications are listed as Naproxen and Norco. Objective findings of the right knee indicated there is no warmth or erythema. Her range of motion is 0-120, quadriceps 4/5 with slight tenderness over the medial and lateral compartments. Examination of the left knee notes tenderness over the medial facet patella. The provider's treatment plan included authorization of an IF unit; pain medications; VQ unloader brace for the right knee to unload medial compartment. He notes she has stage III/IV changes in the medial femoral compartment. The provider is requesting authorization of additional physical therapy 12 sessions for 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, 3 times wkly for 4 wks, Right Knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The requested Physical Therapy, 3 times wkly for 4 wks, Right Knee, 12 sessions, is not medically necessary. CA MTUS Post-Surgical Guidelines, Knee, Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): noted: "Post-surgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 4 months." The injured worker has some increased pain of the right knee compared to past visit with swelling with activity. She is walking with a cane, doing physical therapy and home exercise, and using ice. Her pain is reported as less than pre-operatively; still with aching pain in the left knee. She is a status post right knee arthroscopy partial medial menisectomy and chondroplasty of 4/15/15. Her medications are listed as Naproxen and Norco. Objective findings of the right knee indicated there is no warmth or erythema. Her range of motion is 0-120, quadriceps 4/5 with slight tenderness over the medial and lateral compartments. Examination of the left knee notes tenderness over the medial facet patella. The treating physician has not documented the medical necessity for additional post-op therapy sessions beyond the guideline recommended maximum of 12 sessions. The criteria noted above not having been met, Physical Therapy, 3 times wkly for 4 wks, Right Knee, 12 sessions is not medically necessary.