

Case Number:	CM15-0172227		
Date Assigned:	09/14/2015	Date of Injury:	02/11/2014
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

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:

This is a 20 year old male with a date of injury of February 11, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent left knee meniscus tear status post-surgical revision on May 29, 2015. Medical records dated July 22, 2015 indicate that the injured worker complains of continued deficits in strength and range of motion, slowing progress, and residual achiness, stiffness and pain in the knee. The physical exam dated July 22, 2015 reveals well healed arthroscopic portals, range of motion 0 to 110 degrees with stiffness at the end ranges of motion, decreased strength, and stable Lachman, anterior drawer, varus and valgus testing. No other postoperative evaluations were included for review. Treatment has included left knee revision arthroscopy on May 29, 2015, three to four sessions of postoperative physical therapy, and medications (current medications not listed in the medical records). The treating physician indicates that the injured worker is still symptomatic and that progress has stopped after the current physical therapy treatments. The original utilization review (August 7, 2015) partially certified a request for six sessions of physical therapy for the left knee (original request for twelve sessions of physical therapy for the left knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks (12 sessions) for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a left knee injury in February 2014 and underwent arthroscopic surgery in March 2014. He had persistent pain and discomfort and underwent revision left knee arthroscopic surgery with debridement and a partial medial meniscotomy on 05/29/15 when seen, he had completed 3-4 sessions of postoperative physical therapy. He was making slow progress and had aching, stiffness, and pain. Physical examination findings included decreased range of motion with stiffness and decreased strength. Authorization was requested for 12 additional physical therapy treatments. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has not completed the recommended number of initial post-operative therapy visits and the total number of visits being requested is in excess of that recommended and what would be needed to determine whether further therapy was necessary or likely to be effective. The request was not medically necessary.