

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0172559 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 11/12/2014 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/11/2015 |
| 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:

The injured worker is a 58 year old male with an industrial injury dated 11-12-2014. Medical record review indicates he is being treated for left knee pain, chondromalacia, and status post-surgical arthroscopy with partial medial meniscectomy with evidence of debridement for radial root tear and incompletely rehabilitated knee. He presents on 07-23-2015 with complaints of left knee pain. The provider documented "he indicates that there has been no physical therapy since the surgical procedure." The injured worker complained of pain, clicking and popping as well as limitation of range of motion. The provider also documented the injured worker "had no physical therapy and has an incompletely rehabilitated knee which continues to be symptomatic." He was not working. Physical exam of the knee noted trace effusion and crepitus through an arc of motion. He had full extension and flexion to 105 degrees. He had one plus tenderness over the medial compartment. MRI was done on 07-09-2015. The provider documented "The patient does not appear to have evidence of any additional tearing which would warrant additional surgical management at this point." Prior treatment included "approximately 6 weeks of physical therapy" post injury (documented in 04-30-2015 note). The provider documents in the 04-30-2015 note the injured worker "had less than one month of post op physical therapy." Physical therapy notes present in the chart are dated 12-24-2014, 01-05-2015, and 01-08-2015 thru 03-10-2015. Authorized visits are noted as 12 on the daily therapy note. The request for authorization dated 07-27-2015 is for additional physical therapy two times a week for six weeks for left knee. On 08-11-2015 the request for additional physical therapy two times a week for six weeks for left knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for six weeks for 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 work injury in November 2014 and underwent left knee arthroscopic surgery with a partial medial meniscotomy, chondroplasty and extensive synovectomy on 01/22/15. As of 03/10/15, he had completed 12 postoperative physical therapy treatments. When seen, physical examination findings included decreased knee flexion with crepitus and with full extension. There was medial compartment tenderness with a trace effusion. Recent MRI results were reviewed. Recommendations included 12 sessions of physical therapy. The requesting provider appears unaware that the claimant had attended physical therapy after his surgery. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy consistent with that recommended for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. The request is not medically necessary.