

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0174122 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 05/15/2013 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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 48 year old female, who sustained an industrial injury on 5-15-13. She reported pain in the cervical spine, thoracic spine, and lumbar spine. The injured worker was diagnosed as having a left knee medial meniscal tear. Treatment to date has included the use of a knee brace, 8 physical therapy visits, acupuncture, and medication. Physical examination findings on 8-6-15 included tenderness along the medial joint line, pain with McMurray testing, and inability to squat, twist, or duck walk due to pain in the knee. Range of motion in the knee was limited due to pain with crepitus. Lachman's test and anterior and posterior drawer tests were negative. Currently, the injured worker complains of left knee pain. On 8-7-15 the treating physician requested authorization for postoperative physical therapy 3x4 for the left knee. On 8-21-15 the request was non-certified; the utilization review physician noted "the number of prior physical therapy session and the patient's responses were not documented in the medical reports submitted with this request."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3 times a week times 4 weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The patient presents with left knee pain. The request is for POST OP PHYSICAL THERAPY 3 TIMES A WEEK TIMES 4 WEEKS FOR THE LEFT KNEE. Physical examination to the left knee on 06/06/15 revealed tenderness to palpation over the medial joint line. Range of motion was limited with pain. Patient had an antalgic gait. Per 08/06/15 progress report, patient's diagnosis include left knee medial meniscus tear that is quite symptomatic for two years; associated shoulder, neck, and low back injuries for which she currently remains under the care of another physician pending MRI evaluation of the shoulder. Patient's medications, per 08/04/15 progress report include Aleve. Patient's work status is modified duties. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS Post-Surgical Guidelines, pages 24 and 25, Knee section, support 24 sessions of therapy over 10 weeks following arthroplasty. The treater has not discussed this request. Per Request for Authorization form dated 08/07/15, the treater requested authorization for knee arthroscopy surgery. However, the medical records did not provide any evidence that the patient has had the surgery. Furthermore, the patient has already completed 12 sessions of physical therapy without benefits. In this case, given that the patient has not benefited from prior physical therapy, in addition to lack of documentation as to the patient being status post knee surgery, the requested 12 post-operative physical therapy for the left knee IS NOT medically necessary.