

Case Number:	CM15-0174419		
Date Assigned:	09/16/2015	Date of Injury:	02/08/2014
Decision Date:	10/26/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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 63 year old female who sustained an industrial injury February 8, 2014. A primary treating physician's progress report dated July 15, 2015, documented treatment to date as; 22 sessions of physiotherapy and 26 sessions of chiropractic treatment, use of an IF (interferential therapy) unit for pain symptoms and home exercise. According to a secondary treating physician's progress report dated July 23, 2015, the injured worker presented with complaints of pain in the left knee, rated 1 out of 10, a decrease from the last visits rating of 4 out of 10. Objective findings included; left knee- grade 1-2 tenderness to palpation a decrease from grade 2 on the last visit; restricted range of motion on flexion at 90 degrees and extension at -10 degrees; McMurray's test is positive. She reported physical therapy is decreasing her pain and her activities and function are improved. Diagnoses are left knee strain, sprain; left knee meniscal tear per MRI 06-17-2014; status post left knee surgery 12-05-2014. Treatment plan included prescribed Mobic, pending authorization for an MRI of the left knee, and at issue, a request for authorization dated July 23, 2015, for physical therapy, left knee, three times weekly for four weeks, twelve sessions. A physician's notes dated July 15, 2015, documented a conclusion of a left knee MRI dated June 18, 2015 as; globular increased signal intensity posterior horn of the medial meniscus most consistent with intrasubstance degeneration. Tear is not excluded, recommends MR arthrogram if clinically indicated; tricompartmental osteoarthritic changes. An MRI of the left ankle dated July 26, 2015 (report present in the medical record) impression; posterior tibiotalar recess: minimal effusion; lateral malleolus: bone marrow edema; posterior talus: Os trigonum, bone marrow edema; marrow edema in the lateral aspect of the talus and lateral aspect of the fibula may represent bone contusion; sinus tarsi:

fluid signal intensity in the cervical ligament may represent sinus tarsi syndrome. According to utilization review dated August 14, 2015, the request for Physical Therapy 3 x 4 left knee, is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Knee, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical 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: Based on the 7/23/15 progress report provided by the treating physician, this patient presents with left knee pain rated 1/10 on VAS scale, which has decreased from 4-5/10 on previous visit. The treater has asked for Physical Therapy, Left Knee, 3 times wkly for 4 wks, 12 sessions on 7/23/15. The patient's diagnoses per request for authorization dated 7/23/15 are left knee s/s, left knee meniscal tear per MRI, s/p left knee surgery. The patient is s/p left knee surgery for left knee meniscal tear from 12/5/14. The patient states that physical therapy helps to decrease her pain/tenderness per 7/23/15 report. The patient states that her activities of daily living and function have improved with physical therapy per 7/23/15 report. The patient is to continue chiropractic treatment and use her interferential unit at home per 7/15/15 report. As of 4/16/15, the patient had received 15 sessions of physical therapy with unspecified benefit. The patient is s/p 22 sessions of postoperative physical therapy for the left knee as of 6/12/15 report. The patient's left knee range of motion is full per 7/15/15 report. The patient's work status is "remain off work until 8/12/15" per 7/15/15 report. MTUS Post-Surgical Treatment Guidelines, Section on Knee Pg. 24, 25: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. MTUS, Physical Medicine section, pg. 98, 99: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the patient has had 22 sessions of postoperative physical therapy for the left knee. The most recent 7 physical therapy sessions happened between 4/16/15 and 6/12/15 report. However, the knee surgery was from December 2014, and the patient has exceeded the 12 sessions and 6 month postoperative time period allowed by MTUS post-surgical guidelines. Although there appears to have been benefit from previous therapy, MTUS only allows for 8-10

sessions. The treater's current request for 12 sessions exceeds that request. In addition, the patient's subjective pain has improved significantly and range of motion is full. Hence, the requested 12 additional physical therapy sessions for the left knee is not medically necessary.