

Case Number:	CM15-0174521		
Date Assigned:	09/16/2015	Date of Injury:	02/02/2015
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
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 65 year old male who sustained an industrial injury on 2-2-2015. A review of medical records indicates the injured worker is being treated for LOC prim osteoarthritis left leg, tear medial meniscus knee-cur, and joint pain in left leg. Medical records dated 6-16-2015 noted the injured worker was taking Norco for pain with good result. Wound was healing. He was 2 months status post right knee arthroscopy with partial medial and lateral meniscectomies. Physical examination noted the wound was healing well. Incisions appear clean, dry, and intact. There was a mild effusion noted. There was 5-90 with painful endpoints. Treatment has included medications and surgery. MRI of the right knee dated 2-17-2015 revealed unstable radial tear of the posterior horn of the medial meniscus with peripheral subluxation. Utilization review form dated 8-5-2015 noncertified Physical therapy 2 x a week x 3 weeks 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 2xwk x 3wks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Introduction, Physical Therapy.

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 right knee pain. The request is for PHYSICAL THERAPY 2 x WK x 3WKS, RIGHT KNEE. Patient is status post right knee arthroscopic medial and lateral meniscectomy 04/20/15 Physical examination to the right knee on 03/26/15 revealed tenderness to palpation to the medial joint line. Range of motion was reduced on flexion. Per 07/28/15 Request for Authorization form, patient's diagnosis include right osteoarthritis, and right joint line - knee. Patient's medications, per 04/23/15 progress report include Naprosyn and Norco. Patient is currently not working. 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 specifically discussed this request. The patient is status post right knee arthroscopic medial and lateral meniscectomy 04/20/15 Review of the medical records provided indicate that the patient has had unspecified visits of physical therapy. Without proper documentation on the number of completed sessions of prior post-surgical physical therapy, the request cannot be substantiated. Furthermore, the guidelines support 24 sessions of therapy following arthroplasty and the patient is not within the post-surgical time frame, as the surgery was on 04/23/15. This the request IS NOT medically necessary.