

Case Number:	CM15-0175641		
Date Assigned:	09/17/2015	Date of Injury:	02/21/2011
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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 50 year old male, who sustained an industrial injury on 2-21-11. Medical record indicated the injured worker is undergoing treatment for cephalgia, right sided rib fractures, lumbar spine sprain-strain, lumbar spine tapering of the AP thecal sac, mild canal stenosis at L3-4 and L4-5; lumbar spine with bilateral lower extremity radiculopathy, right knee malalignment, right knee status post-surgery patellofemoral malalignment (5-5-15), right knee with focal moderate grade chondrial fissuring at lateral patellar facet and possible sleep disorder. Treatment to date has included right knee arthroscopy with partial medial meniscectomy; physical therapy, home exercise program and activity modifications. On 6-9-15, the injured worker complained of low back pain, which is intermittent and constant right knee pain with swelling and tenderness due to recent surgery, and on 7-28-15, the injured worker complains of constant bilateral knee pain with reduced range of motion and knees tend to give away. He is temporarily totally disabled. Physical exam performed on 6-9-15 and 7-28-15 of lumbar spine revealed tenderness to palpation over the midline, right paraspinals L1-3 with hamstring tightness, of right knee revealed tenderness to palpation over the bilateral joint line medial and lateral arthroscopic portal scars with effusion, an antalgic gait and left knee exam revealed tenderness to palpation over the bilateral joint line, medial and lateral arthroscopic portal scars in the bilateral anterior infrapatellar aspects with crepitus and well healed incisions. The treatment plan on 6-9-15 recommended continuation of post-operative physical therapy and on 7-28-15 the physician recommended more therapy. On 8-14-15, utilization review non-certified a request for 12 physical therapy visits over 12 weeks noting there are no physical reports indicating the response to the 12 prior visits in terms of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Physical Medicine.

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

Decision rationale: The claimant sustained a work injury in February 2011 and underwent a right knee arthroscopic partial meniscectomy with lateral release and capsular reconstruction and chondroplasty on 05/05/15. When seen, he had completed physical therapy but his symptoms had progressed. Physical examination findings were not recorded. Additional physical therapy was requested and Norco was prescribed. Case notes reference completion of 12 post-physical therapy treatments. 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. 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 and finalize the claimant's home exercise program. The request is not medically necessary.