

Case Number:	CM15-0176608		
Date Assigned:	09/17/2015	Date of Injury:	05/28/2012
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
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:

This is a 57-year-old female with a date of industrial injury 5-28-2012. The medical records indicated the injured worker (IW) was treated for end-stage arthritis, medial compartment, left knee; and left knee status post arthroscopic chondroplasty and lateral meniscectomy (2-2-15). Progress notes (7-1-15) indicated the IW continued to have severe left knee pain with limited range of motion and inability to bear weight. On 7-31-15, she reported improvement; it was documented her left knee pain was 6 out of 10. She had attended six sessions of physical therapy and found it to be helpful. The physical exam on 7-31-15 showed her arthroscopic portals were well healed and range of motion was 0 to 100 degrees. In the 8-25-15 progress notes, the IW was seen for an initial Orthovisc injection to the left knee. Objective findings on 8-25-15 included 2+ effusion of the left knee with marked limited range of motion (measurements not documented) and generalized joint line tenderness. The IW remained temporarily very disabled. Treatments included medications (Naproxen, Pantoprazole and Hydrocodone), Orthovisc injection, knee arthroscopy and physical therapy. A Request for Authorization dated 8-21-15 was received for additional postoperative outpatient physical therapy to the left knee, two times a week for four weeks, status post left knee arthroscopy (2/2/15). The Utilization Review on 8-31-15 non-certified the request for additional postoperative outpatient physical therapy to the left knee, two times a week for four weeks, status post left knee arthroscopy (2/2/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative outpatient physical therapy to the left knee, 2 times a week for 4 weeks: 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 May 2012 and underwent an arthroscopic lateral meniscectomy with chondroplasty on 02/02/15. When seen there had been completion of 6 physical therapy sessions with reported improvement. Physical examination findings included decreased knee range of motion. The claimant's body mass index is nearly 44. Additional physical therapy is being requested. 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 a partial course of 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 finalize the claimant's home exercise program. The request is not medically necessary.