

Case Number:	CM15-0178126		
Date Assigned:	09/18/2015	Date of Injury:	06/21/2012
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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 31 year old female, who sustained an industrial injury on 6-21-2012. Medical records indicate the worker is undergoing treatment for right knee patellar instability and right knee pain-status post arthroscopy. Recent progress reports dated 7-24-2015 and 7-31-2015, reported the injured worker complained of postoperative right knee pain and bilateral knee pain. Physical examination revealed right knee healed incisions and no effusion and bilateral hamstring tightness. The injured worker reports the physical therapy helps with her mobility and she has had approximately 10 visits-per the physical therapy progress notes. Treatment to date has included activity modification, right knee arthroscopy, physical therapy and Norco. The physician is requesting post-op physical therapy, 3 times weekly for 4 weeks, right knee # 12 (per 07-24-15 order). On 8-14-2015, the Utilization Review noncertified the request for post-op physical therapy, 3 times weekly for 4 weeks, right knee # 12 (per 07-24-15 order).

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 weekly for 4 weeks, right knee Qty: 12 (per 07/24/15 order): 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: Review indicates the patient is s/p knee arthroscopy with lateral release and reefing of medial retinaculum on 5/29/15. Physical therapy report noted as of 8/14/15, the patient completed 12 postop PT visits. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic surgery over a postsurgical physical medicine treatment period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now 5 months without documented issues from the extensive PT visits rendered. There was no post-operative complications or comorbidities noted to allow for additional physical therapy beyond guidelines recommendations. The patient exhibits overall good range of motion with adequate strength. The patient has been instructed and is should be performing an independent HEP. Submitted reports have not demonstrated clear specific indication and necessity to support for a continued conjunctive formal PT program. There is reported functional improvement from treatment of 12 authorized PT visits already rendered to support for an additional 12 visits beyond guidelines criteria. The post-op physical therapy, 3 times weekly for 4 weeks, right knee Qty: 12 (per 07/24/15 order) is not medically necessary and appropriate.