MAXIMUS Federal Services

Case Number:	CM15-0178794		
Date Assigned:	09/21/2015	Date of Injury:	03/18/2015
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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 54-year-old male who sustained an industrial injury on March 18, 2015. Diagnosis was contusion effusion of the lower leg joint. Documented treatment includes at least four sessions of physical therapy stating some relief, and medications including Tramadol and Motrin, but the physician stated July 10, 2015 that the injured worker has "failed conservative treatment and is a candidate for surgery." On July 29, 2015 compound topical creams were ordered. The injured worker continues to complain of constant right knee pain with a subjective rating of 5-6 out of 10, and includes weakness, "throbbing" pain, swelling, popping, and clicking, with symptoms becoming worse with standing, walking or stair climbing. The treating physician noted he walks with a "significant" antalgic gait on the right, and there was pain and crepitus with flexion and extension. The treating physician to have led to diagnoses of right knee medial meniscus tear; and, osteochondral defect of the medial femoral condyle with partial posterior cruciate ligament tear cited an MRI performed June 26, 2015. The treating physician requested approval for arthroscopic right knee surgery, and the plan of care includes a request for 24 post-operative physical therapy sessions, which were modified to 12 sessions on August 18, 2015. The injured worker has been working with restrictions.

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 a week for 8 weeks for the right knee: 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 March 2015 and continues to be treated for right knee pain. An MRI of the right knee in June 2015 included findings of a partial thickness posterior cruciate ligament tear and a suspected medial meniscus tear with chondromalacia of the patella and a small joint effusion. When seen in July 2015, he was having constant knee pain rated at 5-6/10. He had not improved after physical therapy or medications. Physical examination findings included an antalgic gait and there was pain and crepitus with range of motion. There was a joint effusion with medial joint line tenderness, positive medial McMurray's testing, and positive posterior drawer testing. Authorization for arthroscopic surgery for debridement and repairs as indicated and 24 sessions of postoperative physical therapy were requested. After the surgery being planned, guidelines recommend from 12 to 24 visits over 12 weeks depending on the actual procedure performed. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.