

Case Number:	CM15-0024365		
Date Assigned:	02/13/2015	Date of Injury:	07/27/2012
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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, 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 female, who sustained an industrial injury on July 27, 2012. The diagnoses have included stable status post right knee arthroscopy. Treatment to date has included physical therapy, knee surgery, and medications. Currently, the injured worker complains of minimal right knee residual pain, with occasional popping sensation. The Treating Physician's report dated January 5, 2015, noted the injured worker six months status post right knee arthroscopic partial meniscectomy, with significant improvements since the previous visit. On January 27, 2015, Utilization Review non-certified 18 physical therapy visits 3 times a week for 6 weeks to the right knee as an outpatient, status post meniscectomy (9/3/14), noting that given the length of time since the date of surgery and lack of documentation of how many postsurgical therapy sessions the injured worker had undergone, it was unclear why the injured worker had not been directed to a self-home exercise program, especially given the significant improvement and the relatively benign exam findings. The MTUS Postsurgical Medical Treatment Guidelines was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of 18 physical therapy visits 3 times a week for 6 weeks to the right knee as an outpatient, status post meniscectomy (9/3/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy visits 3 times a week for 6 weeks to the right knee as an outpatient, status post menisectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Post-Surgical Treatment Guidelines page 10 and Tear of medial/lateral cartilage/meniscus of knee, page 24.

Decision rationale: Regarding the request for additional physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has had arthroscopic meniscus surgery 6 months prior to the currently requested 18 sessions of physical therapy. There is documentation of completion of prior PT sessions of unknown number of session. However, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.