

Case Number:	CM15-0097678		
Date Assigned:	05/28/2015	Date of Injury:	04/21/2010
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 62 year old female, who sustained an industrial injury on April 21, 2010. She reported sustaining injury to her right knee while moving some heavy pieces of furniture. The injured worker was diagnosed as having right knee internal derangement with medial meniscus tear. Treatment to date has included psychotherapy, biofeedback, bracing, MRIs, x-rays, physical therapy, acupuncture, and medication. Currently, the injured worker complains of constant right knee pain with swelling, popping, and clicking. The Primary Treating Physician's Initial Report dated February 2, 2015, noted the injured worker rated her knee pain at 9-10/10 on a scale of 1 to 10, with 10 being worse. Physical examination was noted to show the injured worker with an antalgic gait on the right, right knee effusion and crepitus with range of motion (ROM), and tenderness over the right medial and lateral patella with patellofemoral crepitus and grind. Tenderness was noted over the right meniscal medial joint line, with a positive McMurray's sign on the right. A MRI report for the right knee was noted to be consistent with a tear of the posterior horn of the medial meniscus. The Physician noted the injured worker's injury was about five year's previous, receiving therapy, medication, and inarticular injections, continuing to be symptomatic, and would therefore be a candidate for surgical treatment of a right knee arthroscopy with partial meniscectomy and debridement. The treatment plan was noted to include requests for authorization for the surgery, an internal medicine preoperative clearance, an RN assessment for postoperative wound care and home aide as needed, 12 sessions of post-operative physical therapy, and post-surgical motorized cold therapy unit, DVT unit, and mobility crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical therapy for the right knee (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy right knee 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. As in this case, the injured workers working diagnosis is right internal derangement medial meniscal tear for knee. Subjectively, according to an April 3, 2015 progress note, the injured worker has continued complaints of right knee pain, right knee in his right knee stiffness. Objectively, there is medial joint line tenderness, a positive McMurray's click and weakness with knee flexion and extension secondary to pain. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating provider requested 12 sessions in excess of the recommended guidelines. The utilization review states postoperative physical therapy 12 sessions is not medically necessary because the arthroscopy of the knee is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, postoperative physical therapy right knee 12 sessions is not medically necessary.