

Case Number:	CM13-0044064		
Date Assigned:	12/27/2013	Date of Injury:	10/10/2011
Decision Date:	04/08/2015	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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:

This 45 year old woman sustained an industrial injury on 10/10/2011. The mechanism of injury is not detailed. Current diagnoses include lumbar discopathy, status post right knee arthroscopy, and right hallux valgus. Treatment has included oral medications, a series of hyaluronic right knee injections, and surgical intervention. Physician notes dated 8/30/2013 show complaints of persistent pain to the right knee. The worker is awaiting Synvisc injections. Recommendations include continuing with the course of physical therapy, continued medications, and synvisc injections when approved. On 10/17/2013, Utilization Review evaluated a prescription for eight sessions of post-operative physical therapy to the right knee, that was submitted on 10/25/2013. The UR physician noted that worker has already received 32 post-operative physical therapy sessions to date. There is no evidence submitted of functional improvement with therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with right knee pain. The request is for Additional Post-Operative Physical Therapy, Two (2) Times Per Week For (4) Weeks For The Right Knee. Patient is status post right knee arthroscopic surgery 02/01/2013. Physical examination on 08/30/13 to the right knee revealed tenderness to palpation over the knee joint line. Patient has completed 32 sessions of physical therapy. Per 08/30/13 progress report, patient's diagnosis includes lumbar discopathy, status post right knee arthroscopy - 02/01/13 and right hallux valgus. Patient's medications, per 01/31/14 RFA, include Naproxen, Omeprazole, Ondansetron, Cyclobenzaprine and Tramadol. Patient is temporarily totally disabled. MTUS guidelines, pages 24-25, recommend 12 visits over 12 weeks in patients who have undergone meniscectomy, The postsurgical physical medicine treatment period is 6 months. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided a reason for the request. Patient is not within post operative time period, as right knee arthroscopy was on 02/01/13. The request for 8 sessions of physical therapy would be reasonable based on patient's condition. However, the patient has already completed 32 sessions of physical therapy. Treater has not provided documentation or discussion on why additional physical therapy is needed, nor indicated why patient cannot move on to home therapy program. Therefore, the request IS NOT medically necessary.