

Case Number:	CM14-0187539		
Date Assigned:	11/17/2014	Date of Injury:	09/19/2013
Decision Date:	01/06/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42 year-old female, who was injured on September 19, 2013, while performing regular work duties. The injured worker underwent left knee surgery on February 7, 2014, that developed complications, requiring an additional surgery on February 13, 2014 for compartment syndrome. On April 25, 2014 the wound vac therapy and dressing changes were prescribed for another two weeks until wound closure was reached. On May 9, 2014, a computed tomography scan of the abdomen, pelvis and lower extremity arteries was completed to verify left leg stent placement, and because there was bleeding from the left leg. The injured worker is taking Plavix. The records indicate the injured worker's wound was healing, and was still utilizing the wound vac. On June 27, 2014, the wound vac was discontinued. The records include wound measurements from March 14, 2014 to August 6, 2014. The injured worker continued to be off work status until August 27, 2014. The physical therapy records provided for September 15, 2014 and October 1, 2014, indicate the injured worker able to increase the vigor of the therapy, but that the knee mobility was fluctuating daily and requiring additional techniques to achieve results. An initial physical therapy evaluation or other physical therapy notes are not available for this review. The request for authorization is additional physical therapy, two (2) to three (3) times weekly for four (4) weeks. The primary diagnosis is tear lateral cartilage or meniscus knee. On October 14, 2014, Utilization Review non-certified the request for additional physical therapy, two (2) to three (3) times weekly for four (4) weeks. The Utilization Review felt medical necessity could not be established based on clinical guidelines due to "lack of response to the request for additional medical records and clinical information."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee; 2-3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Section; Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy for the left knee to three times per week for four weeks (8 to 12 visits) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient was moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The ODG allows 12 visits over 12 weeks for postsurgical meniscectomy. In this case, the injured worker underwent left knee arthroscopy for meniscal tear February 7, 2014. Approximately one week later, the injured worker developed a compartment syndrome that required additional surgery. The physicians performed a left lower leg calf fasciotomy and popliteal artery stent. They were wound healing issues. Physical therapy was provided from September 15, 2014 to October 1, 2014 however, the initial physical therapy evaluation and additional physical therapy notes were unavailable for review. The guidelines indicate after six visit clinical trials a formal assessment will determine whether additional physical therapy is appropriate. The clinical physical therapy documentation is missing from the medical record and consequently, formal assessment cannot be made and additional physical therapy is not clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy to the left knee three times per week for four weeks (8 to 12 visits) is not medically necessary.