

Case Number:	CM14-0101863		
Date Assigned:	07/30/2014	Date of Injury:	09/27/2012
Decision Date:	09/12/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 59-year-old male who was reportedly injured on September 27, 2012. The mechanism of injury was noted as a slip. The recent progress note dated April 15, 2014 indicated that there were ongoing complaints of knee pain, shoulder pain, cervical pain, anxiety and insomnia. The physical examination demonstrated a 5'11" tall individual weighing 290 pounds. Range of motion was 0-100. The claimant was 4 weeks status post right knee lateral and medial meniscectomy and was undergoing pool therapy 2 times a week, and land-based therapy once weekly. Pool and land therapy were noted in the treatment plan for 6 weeks. Additionally, pharmacotherapy included phentermine, fluoxetine, tramadol, as well as topical creams of Ketoprofen, gabapentin and tramadol. Prior shoulder and knee surgeries were also noted. The number of physical therapy visits received to date for the postoperative knee is not disclosed, and the most recent progress note indicated that pool therapy was renewed for twice weekly, and land therapy was renewed for once weekly. A request was made for 6 sessions of physical therapy (once weekly for 6 weeks) and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127, Postsurgical Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support postsurgical physical therapy and recommend a maximum of 12 visits over 12 weeks for arthroscopic knee surgery. According to the medical record provided, it appears that the injured worker has already received a total of 12 visits of physical therapy for the postoperative knee. There is no clinical documentation provided to identify the injured worker as an outlier to the guideline recommendations for postoperative physical therapy, or objective documentation of significant functional gains with an ongoing deficit requiring additional formal physical therapy rather than an ongoing home exercise program. As such, this request of Physical Therapy 1 time a week for 6 weeks is not medically necessary and appropriate.