

Case Number:	CM14-0152276		
Date Assigned:	09/22/2014	Date of Injury:	01/09/2004
Decision Date:	10/21/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/18/2014

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 Texas. 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:

Medical records reflect the claimant is a 40 year old male who sustained a work injury on 1-9-04. The claimant is status post numerous surgeries to include: varicose vein surgery, Roux-en-Y procedure and 2 revisions, left knee surgery, hernia repair 7 times, cholecystectomy, open anterior shoulder reconstruction, dental surgery, revision of left knee (2-7-14), ventral hernia repair (2013). Office visit on 8-7-14 notes the claimant reported his knee gave out in February and he fell off a step. He underwent arthroscopic surgery in February and did not identify improvement. He reported daily pain and falling because of pain. He reported continued abdominal pain, emesis after every meal (bile or food), but no blood or coffee ground emesis. He was on PPI and had improvement in his bowel movement. He reported no change in his depression. It was noted the claimant has not completed any physical therapy for the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT KNEE (3X12): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Medical Records reflect a claimant post numerous surgeries with the most recent including a left knee revision surgery on 2-7-14. Records notes the claimant has not had postop physical therapy. However, it has been over 8 months post-surgery. It is unlikely that physical therapy at this juncture would be of any benefit, so far removed postop. Additionally, 36 physical therapy visits post arthroscopic surgery is not supported per current treatment guidelines. Therefore, the medical necessity of this request is not established.