

Case Number:	CM14-0162867		
Date Assigned:	11/04/2014	Date of Injury:	03/09/2008
Decision Date:	12/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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:

Injured worker is a female with date of injury 3/9/2008. The injured worker is status post left knee arthroscopic surgery for lysis of adhesions on 7/15/2014. Per orthopedic progress note dated 7/23/2014, the injured worker is a week out from surgery and doing well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal Physical Therapy 2 times a week for 4 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 and 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The injured worker is reported by the primary treating physician to have a long history of problems in her left knee. She has undergone prior meniscal allograft implantation and has had persistent knee pain. Utilizations review dated 4/30/2014 modified a request for 12 sessions of post-operative physical therapy to 8 sessions. Utilization review dated 9/26/2014 reports that the injured worker only completed 5 sessions of physical therapy, but the guidelines allow 12 sessions. The request for 8 sessions of physical therapy was modified to 6 sessions. The Post-Surgical Treatment Guidelines recommend 12 sessions of post-surgical

treatment over 12 weeks, and the post surgical physical medicine treatment period is 4 months. Review of the medical reports by pain medicine indicates that the injured worker has a home exercise program for stretching and strengthening. This request exceeds the amount of therapy recommended following the arthroscopic knee surgery. The injured worker is reported to have chronic problems with her left knee, and had a prior surgery. The total amount of therapy the injured worker has had for her left knee is not reported, but it is reasonable to expect she has a well established home exercise program. There is no indication provided that she should have therapy in excess of the recommendations of the MTUS Guidelines. The request for Physical Therapy 2 times a week for 4 weeks, left knee is determined to not be medically necessary.