

Case Number:	CM14-0099332		
Date Assigned:	07/28/2014	Date of Injury:	10/26/2013
Decision Date:	09/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/27/2014

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:

Patient is an injured worker with a left knee injury status post surgery 03-28-2014. Mechanism of injury was slip and fall. Date of injury was 10-26-2013. Primary treating physician's progress report 5/13/2014 documented subjective complaints of left knee pain. Physical therapy was helping and the patient was requesting more. Objective findings included left knee tenderness, decreased range of motion, well healed surgical lesions, normal strength and normal reflexes. Diagnosis was left knee joint pain aftercare for surgery. Treatment recommendations included physical therapy PT for the left knee. She had attended 12 sessions. The patient reported that the therapy has been helpful. The request was for an additional six physical therapy sessions. Utilization review decision date was 05-28-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/Week for 3/Weeks (6 Visits): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for arthropathy, 24 visits of postsurgical physical therapy is recommended. Primary treating physician's progress report 05-13-2014 documented left knee surgery 03-28-2014. Physical therapy was beneficial. The patient has completed 12 sessions of physical therapy. The request was for an additional six physical therapy sessions. The Postsurgical Treatment Guidelines allow for 24 visits of post-operative physical therapy. The request for six additional physical therapy visit is supported by the MTUS Postsurgical Treatment Guidelines. Therefore, the request for Physical Therapy 2x/Week for 3/Weeks (6 Visits) is medically necessary.