

Case Number:	CM14-0187049		
Date Assigned:	11/17/2014	Date of Injury:	05/13/2014
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 5/13/14. A utilization review determination dated 10/17/14 recommends non-certification of additional PT, stating that 24 postoperative PT sessions had been completed. 10/6/14 medical report identifies that the patient is approximately 5 months s/p right hamstring surgery. Since the last visit 6 weeks earlier, symptoms have stayed the same. He ambulates with a cane had has pain, swelling, and limited ROM. No abnormal exam findings are noted. Additional PT is recommended due to persistent pain and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to Post-op Right Knee QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 24-25.

Decision rationale: Regarding the request for physical therapy, CA MTUS recommends up to 24 sessions after most knee surgeries, with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of 24 prior PT

sessions, but there is no documentation of specific objective functional improvement with the most recent sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Physical Therapy is not medically necessary.