

Case Number:	CM15-0016062		
Date Assigned:	02/04/2015	Date of Injury:	08/01/2011
Decision Date:	04/09/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 65-year-old male, who sustained an industrial injury reported on 8/1/2011. He reported ongoing left knee pain. The history notes the left knee pain is a derivative injury while favoring the right knee, industrial injury. The diagnoses were noted to include status-post arthroscopic partial medial and lateral meniscectomy, synovectomy, loose body removal, and chondroplasty of the right knee (8/6/14); and left knee medial/lateral meniscus tears, via x-ray. Treatments to date have included consultations; multiple diagnostic and imaging studies to include a magnetic resonance imaging of the left knee on 11/20/2014 and 1/2/2015; right knee surgery (8/6/14); 21 post-operative right knee physical therapy treatments; and medication management. The work status classification for this injured worker (IW) was noted to be that he will continue on total temporary disability. The 11/17/2014 physical therapy prescription notes 2 x a week x 4 weeks and then 1 x a week x 4 weeks for the right knee, and was handed to the IW whose responsibility it was to verify benefits with the insurance company. The follow-up visit, dated 12/29/2014, noted the claimant having contralateral knee pain and was awaiting a magnetic resonance imaging study of the left knee to be performed. The treatment recommended the IW continue formal supervised physiotherapy 2 x a week x 4 weeks and then 1 x a week x 4 weeks, with transfer to a home exercise. On 1/13/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/29/2014, for additional physical therapy for the right knee that included 2 x a week x 4 weeks, then 1 x a week x 4 weeks. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, physical therapy, post-surgical, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right knee, twice a week for four weeks then once a week for four weeks: Upheld

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

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

Decision rationale: Additional physical therapy for the right knee, twice a week for four weeks then once a week for four weeks is not medically necessary per the MTUS Guidelines. The guidelines recommend up to 12 post op visits for this condition. The patient has had 21 post op physical therapy visits. There are no extenuating factors, which would require additional supervised therapy. The patient should be well versed in a home exercise program. The request or additional PT is not medically necessary.