

Case Number:	CM15-0134052		
Date Assigned:	07/22/2015	Date of Injury:	11/28/2012
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 60-year-old female, who sustained an industrial injury on November 28, 2012. Treatment to date has included MRI of the lumbar spine, left knee arthroscopic meniscectomy and debridement, topical medications, lumbar brace, post-operative physical therapy for the left knee and pain medications. Currently, the injured worker complains of right knee pain due to compensation following left knee surgery. She rates her right knee pain a 3-4 on a 10-point scale. She reports that her post-operative physical therapy is helping especially with ambulation. The documentation reveals the injured worker has completed seventeen post-operative physical therapy sessions for the left knee. She reports lumbar spine pain and rates that pain a 3 on a 10-point scale. Her left ankle and foot pain is intermittent and is rated 2-3 on a 10-point scale. Her functional change since the previous evaluation includes increased ability to walk and a decrease in the intensity of her pain. The diagnoses associated with the request include status post left knee arthroscopic surgery and left ankle sprain-strain. The treatment plan includes eighteen additional physical therapy sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Continued physical therapy for the left knee, 3 times a week for 6 weeks as outpatient S/P left knee arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: MTUS 2009 recommends up to 12 sessions of physical therapy for post-meniscectomy. It also states that the utility of PT after mensicectomy is controversial. The patient has already received 12 sessions of PT and the medical records do not indicate why an additional 18 sessions are needed. The patient is mobile with some pain and has foot problems for which treatment has been provided. This request for an additional 18 sessions of PT greatly exceeds MTUS 2009 guidelines and there is no medical information explaining why 18 additional sessions are needed. This request for an additional 18 sessions is not medically necessary.