

Case Number:	CM15-0138437		
Date Assigned:	07/28/2015	Date of Injury:	10/02/2001
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

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

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 on October 2, 2001, incurring neck and bilateral hand injuries, and right knee from heavy lifting. A cervical Magnetic Resonance Imaging revealed cervical multi-level disc disease and disc rupture. He was diagnosed with cervical Radiculopathy, cervical stenosis, and bilateral ulnar neuropathy. He underwent a cervical decompression and fusion in September, 2004. Treatment included muscle relaxants, physical therapy and home exercise program. Currently, the injured worker complained of right knee pain increased with prolonged standing and walking. Treatment included pain medications and neuropathic medications. He was diagnosed with a right lateral femoral contusion and internal derangement of the right knee. Magnetic Resonance Imaging of the right knee was suspicious for a tear of the anterior cruciate ligament. The treatment plan that was requested for authorization included eight sessions of physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy for the Right Knee: 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): 24.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 and continues to be treated for right knee pain as well as radiating neck pain.. He underwent arthroscopic knee surgery in June 2015 with partial meniscectomy and removal of loose bodies. When seen, he was having intermittent pain rated at 4-5/10. There were expected postoperative findings. Authorization is being requested for postoperative physical therapy. Post surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of the number of visits specified in the general course of therapy for the specific surgery performed. In this case, the requested number of initial post-operative therapy visits is in excess of the guidelines recommendation and is not considered medically necessary.