

Case Number:	CM15-0139298		
Date Assigned:	07/29/2015	Date of Injury:	10/10/2014
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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

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 39 year old male, who sustained an industrial injury on 10/10/2014. Pertinent diagnoses include status post right knee surgery, loss of sleep secondary to pain and psych component. Treatment to date has included surgical intervention as well as conservative treatment including physical therapy, work modifications, and right knee support. Per the Primary Treating Physician's Progress Report dated 7/10/2015, the injured worker reported intermittent mild low back pain and stiffness, constant sharp severe right knee pain, stiffness and weakness. He also reported loss of sleep due to pain and anxiety. Physical examination of the right knee revealed flexion 140/140 and extension 15/0. There was 3+ tenderness to palpation of the medial and lateral knee. Valgus and Varus testing cause pain. The plan of care included, and authorization was requested, for additional physical therapy (3x2) for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week for 2 weeks for the right knee: Overturned

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

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

Decision rationale: The patient has ongoing complaints of severe knee pain. The current request is for additional physical therapy 3x2 right knee. The attending physician report dated 6/29/15 states that the patient has been doing physical therapy but has not had much improvement so far. He recommends additional physical therapy to work on strengthening and functional improvement. The CA MTUS Postsurgical Guidelines apply in this case and postsurgical treatment includes 24 visits over 16 weeks. In this case, the patient underwent right knee arthroscopy, partial lateral meniscectomy and ACL repair on 4/25/15. Six post-operative physical therapy visits were authorized on 3-25-15. The current request for additional 6 PT visits is within the MTUS PSTG. The current request is medically necessary.