

Case Number:	CM15-0140681		
Date Assigned:	08/13/2015	Date of Injury:	05/19/2008
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/19/2015

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 (IW) is a 75-year-old male who sustained an industrial injury on 05-19-2008. Diagnoses include status post left knee arthroscopy; left knee patellofemoral pain syndrome; internal derangement of the left knee; and degenerative joint disease, left knee. Treatment to date has included medications, left knee arthroscopic surgery (6-9-2015), physical therapy and steroid injection. According to the progress notes dated 6-23-2015, the IW reported he was doing well post-operatively. He had drainage and post-operative swelling of the left knee which improved with prophylactic antibiotics. He reported he was using the CPM machine and had just started physical therapy. On examination, flexion of the left knee was 60 degrees and extension was -5 degrees. There was quadriceps atrophy and positive genu varum. The remaining assessment of the knee was normal. A request was made for 18 sessions of post-operative 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:

18 sessions of post-operative physical therapy for the left knee: 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: The claimant has a history of a work injury occurring in May 2008 and underwent left knee arthroscopic surgery with a meniscectomy and debridement. When seen, there had been improvement in postoperative drainage and swelling with antibiotic treatment. He had been using a CPM machine. He had just begun postoperative physical therapy. Physical examination findings included decreased knee range of motion and quadriceps atrophy. The arthroscopy portals had healed. There was genu varum. Authorization for 18 sessions of physical therapy has been requested. Guidelines address the role of therapy after the claimant's knee surgery with a postsurgical physical medicine treatment period of 6 months and up to 12 physical therapy visits over 12 weeks. Guidelines recommend an initial course of therapy of one half of this number of visits. In this case, the number of initial therapy treatments being requested is in excess of that recommended. Reassessing the claimant after completing up to 6 treatments would be the expected treatment. This request is not medically necessary.