

Case Number:	CM15-0141531		
Date Assigned:	07/31/2015	Date of Injury:	08/18/2014
Decision Date:	08/27/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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 44 year old male who sustained an industrial injury on 08/18/2014 when he tripped over a garden hose. The injured worker was diagnosed with lateral cartilage meniscus tear right knee and contusion. The injured worker has a history of right knee anterior cruciate ligament reconstruction and autograft in 1990 fully healed. The injured worker is status post arthroscopy with lateral meniscectomy, chondroplasty, Roof/Notchplasty and debridement of the anterior compartment on March 20, 2015. Treatment to date has included diagnostic testing, bracing, knee injections, surgery, physical therapy (16 sessions completed), home exercise program and medications. According to the primary treating physician's progress report on July 2, 2015, the injured worker continues to experience pain in the right knee with 65-70% improvement since surgery. Evaluation noted an antalgic gait and slow to stand from a seated position. Examination of the right knee demonstrated no effusion, swelling, crepitation or joint line tenderness. Patella was non-tender. Muscle atrophy was noted of the gastrocnemius and quadriceps muscle. Range of motion was decreased and moderately painful at 60 degrees flexion and 180 degrees extension. Motor strength was normal. Right ankle, foot and hip were within normal limits. Current medication was noted as Nabumetone. The injured worker remains off work. Treatment plan consists of continuing medication, home exercise program, walking and the current request for additional 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:

Additional physical therapy 2 times a week for 4 weeks for right 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: Additional physical therapy 2 times a week for 4 weeks for right knee is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 visits for this patient's surgery. The documentation indicates that the patient has had 16 post op PT sessions. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.