

Case Number:	CM15-0143593		
Date Assigned:	08/05/2015	Date of Injury:	08/15/2013
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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 73 year-old male who sustained an industrial injury on 08-15-13. The injured worker's diagnoses include chronic left knee pain, status post left knee arthroscopy, partial medial meniscectomy, synovectomy, and chondroplasty. Diagnostic testing and treatment to date has included radiographic imaging, knee surgery, physical therapy, and symptomatic medication management. Currently, the injured worker complains of considerable pain in his left knee. Physical therapy has helped. He is status post arthroscopic meniscectomy and debridement of the left knee where he was found to have significant degenerative arthritis. Examination of the left knee is remarkable for pseudolaxity in the medial compartment, and he walks with a varus thrust. Requested treatments include physical therapy to the left knee, 6 visits. The injured worker's status is not addressed. Date of Utilization Review: 06-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left knee, 6 visits: 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 patient presents with pain affecting the left knee. The current request is for Physical therapy to the left knee, 6 visits. The treating physician report dated 6/24/15 (28C) states, "I recommend the patient continue with physical therapy for modalities and strengthen exercise as this treatment will also serve to mitigate his symptoms and allow for improved function." The MTUS-PSTG supports 12 visits over 12 weeks for a Meniscectomy. The medical reports provided show that the patient has received 12 sessions of post-surgical PT previously. The patient is status post left knee arthroscopy with partial medial meniscectomy, synovectomy, and chondroplasty on 4/28/15 (195C). In this case, the patient has received 12 sessions of post-surgical PT previously and the current request for an additional 6 PT sessions exceeds the maximum of 12 total PT visits supported by the MTUS-PSTG. Furthermore, 12 visits of prior physical therapy should have allowed the patient to establish a home exercise program. The current request is not medically necessary.