

Case Number:	CM15-0144925		
Date Assigned:	08/05/2015	Date of Injury:	03/27/2014
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 46 year old female, who sustained an industrial injury on 3-27-2014. She reported a slip and fall with pain to the left knee, neck, upper and lower back, and bilateral shoulders. Diagnoses include cervical sprain, lumbar sprain, left shoulder sprain, left knee strain, and internal derangement left knee. Treatments to date include medication therapy, chiropractic therapy, shockwave therapy, and trigger point injections. Currently, she complained of ongoing pain in the neck, mid and low back, left shoulder and left knee. On 5-6-15, the physical examination documented tenderness, decreased strength and positive McMurray's and Valgus tests in the left knee. The plan of care included left knee surgery and associated services. The appeal requested authorization for eight post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there does appear to be planned arthroscopic surgery to repair meniscus tear and the requested number of physical therapy is in congruence with the guidelines recommendations. As such, the current request for physical therapy is medically necessary.