

Case Number:	CM15-0145189		
Date Assigned:	08/06/2015	Date of Injury:	07/18/2011
Decision Date:	09/02/2015	UR Denial Date:	07/23/2015
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: 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 is a 43 year old individual, who sustained an industrial injury on 7-18-2011. Diagnoses include Plica synovitis right knee, and status post right knee arthroscopic surgery. Treatment to date has included a right knee arthroscopy followed by postoperative physical therapy and medications including Naproxen and Ultram. Per the most recent submitted Primary Treating Physician's Progress Report dated 7-09-2015, the injured worker reported right knee pain. He was status post right knee arthroscopy in April, 2015. Objective findings recorded vital signs and weight and height measurements. The plan of care included medication management and Zorvolex was prescribed. Authorization was requested on 6-15-2015 for additional physical therapy x 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in July 2011 and underwent right knee arthroscopic surgery in April 2015 with chondroplasty and plica resection. Treatment has included 16 postoperative physical therapy sessions. When seen, there was a normal BMI. Post surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 4 months. In this case, the requested number of additional post-operative therapy visits is in excess of the guideline recommendation. The claimant has already had physical therapy and compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. The requesting provider does not document any findings of impairment and no specific therapeutic content is being requested. The number of additional post-operative therapy visits being requested is in excess of that recommended or what would be needed to finalize the claimant's home exercise program. The request is not medically necessary.