

Case Number:	CM15-0146587		
Date Assigned:	08/07/2015	Date of Injury:	12/14/2014
Decision Date:	09/03/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/28/2015

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 40-year-old female who sustained an industrial injury on 12-14-2014. Diagnoses include history of left knee industrial injury and left knee status post arthroscopic surgery (5-8-2015). Treatment to date has included medications, surgery and physical therapy (PT). According to the PR2 dated 7-2-2015, the IW reported she was making slow and steady progress since her left knee arthroscopy seven weeks prior to this visit. On examination, her portal incisions were well healed and McMurray's sign was negative. There was no effusion. She had stable Lachman and anterior drawer testing. She still had some pain in the posterior and medial aspects of the left knee. The provider noted the physical therapist indicated further PT was necessary due to residual weakness in the left quadriceps, based on testing. The treatment plan included additional PT and possible viscosupplementation in the future. A request was made for 12 physical therapy sessions for the left knee for strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in December 2014 and underwent arthroscopic left knee surgery on 05/08/15 for treatment of a meniscal tear and chondromalacia. A partial meniscectomy and limited synovectomy were performed. When seen, she was seven weeks status post surgery and making slow and steady progress and overall doing well. Physical examination findings included negative McMurray's testing without joint effusion. There was no ligamentous instability. There was posterior and medial knee joint pain. An additional 12 physical therapy treatment sessions to address residual quadriceps weakness was requested. 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 6 months. In this case, the claimant has already had post-operative physical therapy consistent with the guideline recommendation. Providing the number of additional skilled physical therapy treatments would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The number of treatments being requested is in excess of what would be expected to finalize a home exercise program which would likely best address the claimant's residual weakness. The request is not medically necessary.