

Case Number:	CM15-0147282		
Date Assigned:	08/10/2015	Date of Injury:	07/03/2013
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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 54 year old male, who sustained an industrial injury on July 3, 2013. He reported experiencing a pull in his left shoulder and left knee. The injured worker was diagnosed as having internal derangement of the left knee and left shoulder impingement syndrome. Treatment to date has included diagnostic studies, surgery, physical therapy, heat, ice medications, home stretching and exercises. On October 14, 2014, the injured worker complained of constant pain in his left shoulder. He rated his pain on an 8-9 on a 1-10 pain scale. He also complained of constant pain in his left knee. This pain was also rated an 8-9 on the pain scale. The treatment plan included an MRI for the left shoulder and left knee, physical therapy, medication and treatment by a cardiologist and pulmonologist for deep vein thrombosis. A more recent operative report was included for review. On April 18, 2015, the injured worker underwent left knee partial medial meniscectomy, medial femoral chondroplasty and lateral tibial chondroplasty. On July 2, 2015, Utilization Review non-certified the request for physical therapy two times four to post-op left knee. The referenced citation was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 x 4 to the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with left knee pain status post-operative repair. The current request is for post-op physical therapy 2x4 to the left knee. Operative report dated 4/18/15 indicates a left knee meniscectomy with chondroplasty was performed. There are no other treating physician reports provided for review. There is no medical rationale provided by the utilization review physician for the denial. The MTUS PSTG recommend 12 sessions of post-surgical PT following this procedure. In this case, the treating physician has requested post-operative PT which is supported by the MTUS PSTG. The current request is medically necessary.