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| Case Number: | CM15-0147457 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 10/18/2012 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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, Occupational Medicine

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 41 year old male who sustained an industrial injury on 10-18-2012. The injured worker was diagnosed with left knee arthralgia. The injured worker is status post left knee arthroscopy and chondroplasty of the patella in April 2013 and left knee synovectomy and open posterolateral corner on November 4, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 15, 2015, the injured worker reported his knee is feeling better but still has difficulty going down steps. Examination demonstrated no tenderness to palpation with range of motion at 0-135 degrees. Mild quadriceps atrophy was noted with quadriceps motor strength at 4+ out of 5. Current medications are listed as Acetaminophen and Cyclobenzaprine. Treatment plan consists of continuing home exercise program and the current request for additional physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice weekly for 3 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 15.

Decision rationale: MTUS 2009 recommends up to 14 sessions of physical therapy post-synovectomy. The patient has received at least 24 sessions of PT post-operatively. The surgical repairs appear successful and remaining goals include strengthening. The medical records do not describe why the patient cannot pursue strengthening with the home exercise program. There therapy notes do not describe the plan of care or explain why additional PT beyond guideline recommendations is necessary in this case. This request for an additional 6 sessions of PT is not medically necessary.